

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

Statement covers period from 01/01/2019 through 03/31/2019

Date of election if applicable: (Month, Day, Year)

Page 1 of 1677

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

### 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Ballot Measure Committee
Primary Formed
Controlled
Sponsored
Primary Formed Candidate/Officeholder Committee

### 2. Type of Statement:

- Pre-election Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

### 3. Committee Information

I.D. NUMBER 742855

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) California Dental Association Political Action Committee (CDA PAC)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814

OPTIONAL: FAX/E-MAIL ADDRESS fppc@bmhlaw.com

### Treasurer(s)

NAME OF TREASURER Thomas W. Hiltachk

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814 916-442-7757

NAME OF ASSISTANT TREASURER, IF ANY Ashlee N. Titus

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814 916-442-7757

OPTIONAL: FAX/E-MAIL ADDRESS

### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

Executed on 04/19/2019 By Thomas W. Hiltachk SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/19/2019 By Thomas W. Hiltachk SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Cover Page – Part 2**

Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)      CITY      STATE      ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY      STATE      ZIP CODE      AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY      STATE      ZIP CODE      AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 3 of 1677
I.D. NUMBER		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Dental Association Political Action Committee (CDA PAC)

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$1,393,385.92	\$1,393,385.92
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$1,393,385.92	\$1,393,385.92
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$1,393,385.92	\$1,393,385.92

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made	Schedule E, Line 4	\$430,467.58	\$430,467.58
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$430,467.58	\$430,467.58
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$430,467.58	\$430,467.58

### Expenditure Limit Summary for State Candidates

#### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$204,526.20	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$1,393,385.92	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$430,467.58	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$1,167,444.54	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$0.00

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 4 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Alexandre Aalam Los Angeles, CA 90025-1269	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kjeld Aamodt San Francisco, CA 94110-1315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Hossein Abar Pinole, CA 94564-2526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stephen A Abbott Chico, CA 95926-7201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Kenny Kambiz Abedini Newport Beach, CA 92663-5721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

**SUBTOTAL**

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$1,141,484.01
2. Amount received this period - unitemized contributions of less than \$100 .....	\$251,901.91
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$1,393,385.92

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>5</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Pamela Abraham Orange, CA 92869-1428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ashley Leann Abrams Moreno Valley, CA 92555-2127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nicasio M Abriol Stockton, CA 95206-2020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Salim Andre Abusleme Richmond, CA 94804-1816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Antonia Ann Accettura Grass Valley, CA 95945-5711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>6</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Cesar Acosta Turlock, CA 95380-2761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jaime Acuna Loera San Diego, CA 92154-1662	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark S Adam Santa Maria, CA 93454-6681	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Charles David Adams San Diego, CA 92101-1473	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eva Radisay Adams Sacramento, CA 95822-3517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 7 of 1677
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Gregory Adams Elk Grove, CA 95758-7944	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Heather R Adams Chula Vista, CA 91910-5703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nathan John Adams Cameron Park, CA 95682-8413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stephen E Adams Long Beach, CA 90807-4125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Eldean C Addy Ventura, CA 93003-1548	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 8 of 1677
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Maryam Afifi Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Edvin Agadzhanov Burbank, CA 91506-2626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ali Agahi Exeter, CA 93221-1729	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Pauline Aghadjanian Glendale, CA 91206-3758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nova Aghbashian Glendale, CA 91202-3686	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 9 of 1677
I.D. Number		742855

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NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Crystal Ann Aghevli Woodland Hills, CA 91364-3323	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Arsalan Ahani San Mateo, CA 94401-2824	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dean N. Ahmad Lincoln, CA 95648-8807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Wadie Nabih Ahwal La Mesa, CA 91942-3186	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Charles Henry Aikawa Windsor, CA 95492-7854	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>10</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Gary S Aikawa San Leandro, CA 94577-2806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Haroutune Ajdaharian Los Angeles, CA 90029-2481	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark E Ajlouni San Jose, CA 95148-4045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Armita Akbarnejad-Oshagh Dublin, CA 94568-7893	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alan M. Akers Vacaville, CA 95687-6915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>11</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Ilham Yousef Akraa Tarzana, CA 91356-6303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Samer Bashir Albadawi Roseville, CA 95661-3028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Harry F Albers Santa Rosa, CA 95405-8901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Myra A Alcala Chula Vista, CA 91911-5569	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ray Lorete Alcala Chula Vista, CA 91911-5569	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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IND - Individual  
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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>12</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Oscar Alcalde Downey, CA 90241-3324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Aurora Andrea Alden Concord, CA 94519-2606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James Patrick Alderete Soquel, CA 95073-2104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Faisal H Aldujaili Laguna Niguel, CA 92677-7032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert Alexander Rocklin, CA 95677-2687	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Ida D Alfonso Carlsbad, CA 92008-7360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Samia Ali Downey, CA 90241-5006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ahmad M Alnatour Brentwood, CA 94513-5310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Olga Alvarado San Diego, CA 92109-2804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Carolyn Alyanakian-Smith Los Banos, CA 93635-4729	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
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1/9/2019	Dr. Martha Amare San Ramon, CA 94583-1670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Armen Ambarchyan Burbank, CA 91502-1508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Urmi Amin San Carlos, CA 94070-2451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ben Amini San Francisco, CA 94111-4903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Amir Sherman Oaks, CA 91403-2101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>15</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Talia Amir North Hollywood, CA 91606-4185	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alireza Amiri Vista, CA 92081-6644	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Richard K Amo Fullerton, CA 92835-3800	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Evangeline Lacorte Amores San Francisco, CA 94102-1403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Melinda Anderson Temecula, CA 92592-4232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>16</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Steven Donald Anderson Sacramento, CA 95825-6316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Melissa Beth Anderson-Lin Fremont, CA 94536-4113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christopher William Andonian Huntington Beach, CA 92648-2483	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Curtis Layne Andrus Escondido, CA 92025-3401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Sarvenaz Angha Pasadena, CA 91101-4457	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>17</u> of <u>1677</u>
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1/9/2019	Dr. Amanda Catherine Angulo Burbank, CA 91505-4050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Louis Angulo Burbank, CA 91505-4050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bret D Annoni Walnut Creek, CA 94596-5290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kathy K Ansarinia Santa Cruz, CA 95060-3611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David B. Anson Beverly Hills, CA 90211-3106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Olga Antipova San Francisco, CA 94102-1301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stanton S Appleton Riverside, CA 92503-3665	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Henry Arakaki Jr. Santa Maria, CA 93454-4832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Karen Arakelian Sherman Oaks, CA 91403-1738	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Daniel Araldi Saratoga, CA 95070-4155	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$170.00	\$170.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/9/2019	Dr. Stan M Arellano Elk Grove, CA 95758-9586	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sepideh Ariarad Torrance, CA 90503-4847	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Glenn Y Arima Los Alamitos, CA 90720-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Hiroyuki Arima San Mateo, CA 94403-1729	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Steven C Arima Valencia, CA 91355-5624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Robin R Arita Huntington Beach, CA 92646-5146	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thomas F Armstrong Bakersfield, CA 93301-3707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Navneet Singh Arora Roseville, CA 95747-7143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vahaken Robert Arslanian Clovis, CA 93619-7420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Raji Arunachalam Ladera Ranch, CA 92694	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Pavel Ruben Arutyunyan Glendale, CA 91205-5806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vincent K Asai San Mateo, CA 94401-2670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. William Asai Union City, CA 94587-3195	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John Seiichi Asano Glendale, CA 91203-4624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Theresa Aline Asbury-Falo Salinas, CA 93906-3449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Golnaz M Ashraf Mill Valley, CA 94941-2219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brian Marc Assael Berkeley, CA 94705-2009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ramin Assili-Damavandi Northridge, CA 91324-6027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Priyanka Assudani Los Angeles, CA 90069-2334	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Samar Salim Atto El Cajon, CA 92021-4904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Colin Kamlano Au Sunnyvale, CA 94087-4300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Le Tien D. Au Ontario, CA 91764-2606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christopher Thomas Auyong Laguna Niguel, CA 92677-7373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sean P Avera Auburn, CA 95603-2459	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gordon Averill Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/9/2019	Dr. Arash Azarbal Pasadena, CA 91101-1824	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sarkis Leon Aznavour Newhall, CA 91321-2343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Darryl Todd Azouz Citrus Heights, CA 95610-7803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$144.99	\$144.99	
1/9/2019	Dr. Magdalena A Azzarelli San Jose, CA 95124-3243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Linda J Baba Irvine, CA 92602-0945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$142.04	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Steven Wayne Baba Fullerton, CA 92835-3423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$142.04	\$145.00	
1/9/2019	Dr. Saro Babaian Van Nuys, CA 91401-1439	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Meher Babian Glendale, CA 91205-3268	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. William S Bachicha Rocklin, CA 95677-3006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Amanda K Backstrom Martinez, CA 94553-3827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Afshin Badii Santa Monica, CA 90404-4748	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Peter S Bae Bakersfield, CA 93309-0626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thomas Bae Brea, CA 92821-5307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shachi Bahl Palo Alto, CA 94301-2007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dennis Baik San Jose, CA 95123-2701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. James Yong-Hyun Baik Santee, CA 92071-5812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Charina A Bailon Newark, CA 94560-1210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Bainer Escondido, CA 92025-3403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gregory W Baird Santa Rosa, CA 95409-5372	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Marta P Baird Pleasanton, CA 94588-5400	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/9/2019	Dr. Thomas R Baker San Francisco, CA 94108-4107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Timothy G Baker Fresno, CA 93728-3422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Behnaz Bakhshi Palo Alto, CA 94304-1801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Amrit P Bala Hercules, CA 94547-1840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Edward Balasanian San Clemente, CA 92673-6343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$155.27	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Maria Antonia Balce Hacienda Heights, CA 91745-1501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thomas R Bales Novato, CA 94947-3014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Michael Oran Bambico San Jose, CA 95116-1908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kathleen Chun-Rong Ban Saratoga, CA 95070-3046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shikha Banerjee Corona, CA 92881-8719	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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NAME OF FILER		I.D. Number
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1/9/2019	Dr. Preethi R. Bangalore San Jose, CA 95129-3902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jacob S Barber Modesto, CA 95350-5355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Reynaldo Pestano Barbon Jr. Pasadena, CA 91105-3005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James B Barga Sacramento, CA 95823-4387	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brian T Barker Ventura, CA 93003-6563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Nicole S Barkhordar Beverly Hills, CA 90210-6141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Curtis L Barmby Walnut Creek, CA 94596-8606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Shannon K Barnhart Fresno, CA 93720-8006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark Anthony Barradas South San Francisco, CA 94080-1393	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark A Barraza Chula Vista, CA 91910-5703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Kevin Raymond Barry San Francisco, CA 94108-3909	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Seza T Barsamian Los Alamitos, CA 90720-3462	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jean E Barthman Redwood City, CA 94063-1556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Christina Antonio Bartsch San Diego, CA 92117-5366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Farrokh Bashiri Concord, CA 94518-3604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>33</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Robert Larry Bass Palm Desert, CA 92260-3391	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Emad W Bassali Sherman Oaks, CA 91403-1773	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Charles U Basso Escondido, CA 92025-3353	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thomas F. Basta Los Gatos, CA 95032-4902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Rohit Batheja Lakewood, CA 90713-2307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>34</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Robert Louis Battan Los Angeles, CA 90028-6930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Wilson Baugh Jr. San Bernardino, CA 92404-4830	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nicholas S Baumann Palm Desert, CA 92260-2710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Maria-Doreen V. Bautista Daly City, CA 94015-4450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Randy B. Bautista Pleasant Hill, CA 94523-3357	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>35</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Anne E Becker Oakland, CA 94611-2954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Lawrence Beckley Livermore, CA 94550-4271	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. J. Mark Beckstead Los Altos, CA 94022-4806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark O Bedard Garden Grove, CA 92840-1937	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Edmond Bedrossian San Francisco, CA 94108-4210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>36</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Priyadarshini Beedu Milpitas, CA 95035-6942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sylvia Ofelia Beeman Pasadena, CA 91107-3940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Randy L Beemer Bakersfield, CA 93311-1359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Janice L Beierle Thousand Oaks, CA 91360-8201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Joseph J Beierle Thousand Oaks, CA 91360-8201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Glenn Soriano Belen San Mateo, CA 94401-2708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Cynthia L. Belgum Davis, CA 95618-0548	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joseph Bellissimo Jr. Los Angeles, CA 90041-2657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Olga Belova San Jose, CA 95123-2704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mario Benavente San Bruno, CA 94066-4805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>38</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Kathleen McGarr Bennett Westlake Village, CA 91361-4050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Richard Benveniste Reseda, CA 91335-6347	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. John W Berg Glendale, CA 91202-3000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. David C Berger Sonora, CA 95370-9775	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Suzanne P. Berger Agoura Hills, CA 91301-4916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/9/2019	Dr. Rainer H Bergmann Palm Desert, CA 92260-4141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Alenush Bernardi Glendale, CA 91203-3967	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rael I Bernstein Santa Rosa, CA 95405-4900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dorothea Janeen Berry Signal Hill, CA 90755-5618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Raymond L Bertolotti San Leandro, CA 94577-4702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 40 of 1677
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Sylva T Bezian Los Angeles, CA 90004-3049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Jyoti B Bhat Arroyo Grande, CA 93420-3312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shelja Bhatia Fresno, CA 93722-2140	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rujvi Mayank Bhatt San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Namrata K Bhullar Hercules, CA 94547-1840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/9/2019	Dr. Joel J Bickler Big Bear City, CA 92314-9562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Lindy Brigante Bixby Capitola, CA 95010-2104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brian B Blatter Concord, CA 94520-2011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David B Bo Sunnyvale, CA 94087-4300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Donald James Boatman Lincoln, CA 95648-2017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Seena Boby San Bernardino, CA 92405-3840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jason Terry Bock Brea, CA 92821-3373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Chance J Bodini Santa Ana, CA 92705-1509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Steven R Boettger Ukiah, CA 95482-5482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Wm. Bruce Bohannon Burlingame, CA 94010-3217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Mojgan Bonakdar San Mateo, CA 94401-2832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Leslie K Bonar Escondido, CA 92025-3353	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Wendell B Bond Riverside, CA 92505-3503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Kenneth Bonner South Gate, CA 90280-6159	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Daniel A Bornstein Santa Rosa, CA 95405-4543	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Richard G Boudreau Marina Del Rey, CA 90292-7907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Bradley D Bourcy Escondido, CA 92025-3435	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nancy M Boutros Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sawsan N Boutros Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Gregory David Bower Porterville, CA 93257-3131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Keith R. Bradburn Clayton, CA 94517-1201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Maria Isabel Bradley Rancho Palos Verdes, CA 90275-1742	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Clifford J Bradshaw Lodi, CA 95242-7502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Justin M Braga Huntington Beach, CA 92648-1707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael J Brand Beverly Hills, CA 90211-2006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 46 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Navreet Kaur Brar Friant, CA 93626-0410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Maria Virginia Bravo-Espinoza Fontana, CA 92335-3374	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark Douglas Breese Carlsbad, CA 92008-1950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thomas Bridges San Francisco, CA 94108-4913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. William John Briggs IV San Diego, CA 92117-5916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	03/31/2019	Page 47 of 1677
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California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. James Kenneth Brigham Clovis, CA 93612-3839	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Peter S Brightman Corona, CA 92881-3416	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Todd Gail Bringham Murrieta, CA 92562-5751	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Charles William Briscoe La Jolla, CA 92037-4406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vivian Marie Broadway Mill Valley, CA 94941-2219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Joseph W Bronzini Millbrae, CA 94030-1915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Gregory Matthew Brooks Burbank, CA 91504-4327	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Devani Marie Brown Santee, CA 92071-2980	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jason Robert Brown San Diego, CA 92103-4980	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael H Brown Santee, CA 92071-2980	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Steven Bruce Brown Torrance, CA 90503-5813	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael J Brugos Atherton, CA 94027-3862	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. John W Bruns Walnut Creek, CA 94598-3388	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Timothy Francis Buckley Palmdale, CA 93551-1413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lily Bui San Jose, CA 95135-2000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>50</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Lynna Bui San Jose, CA 95131-1003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven Xuan Bui Westminster, CA 92683-7567	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jared Brent Bunker San Diego, CA 92128-3675	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Benjamin Francis Bush Paso Robles, CA 93446-2102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jordan N. Buzzell Santee, CA 92071-5801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>51</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Grace N Cabauatan San Francisco, CA 94112-3425	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Loren Andrew Cadelinia Sacramento, CA 95834-2926	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Timothy A Caligiuri Thousand Oaks, CA 91360-8227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James G Callahan Torrance, CA 90505-3313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Luis Ruben Cambero Fontana, CA 92335-0329	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Jon M Campbell Jr. Escondido, CA 92025-4602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ryan Kent Candelora Glendale, CA 91203-3342	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. William R Canihan San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Lieu Thi Cao Roseville, CA 95747-7102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Son Cao Hanford, CA 93230-2946	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Thomas-Dung S Cao Milpitas, CA 95035-6827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dipa Sidharaju Cappelen San Rafael, CA 94901-3552	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gary C Cappelletti Danville, CA 94526-1745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Earl Apostol Capuli San Francisco, CA 94116-2353	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Anthony R. Cardoza Santee, CA 92071-2687	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>54</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Manuel Albert Carin Watsonville, CA 95076-2847	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bradford A Carl Carmel, CA 93923-8706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Chuck Carlson Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Randy Dennis Carlson Bonsall, CA 92003-3624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sean Kenneth Carlson Mill Valley, CA 94941-2759	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>55</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Ruby C Carlson-Larson Kelseyville, CA 95451-8401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$72.50	\$145.00	
1/9/2019	Dr. Michael David Carlton Capitola, CA 95010-3929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Natalya Carmichael San Diego, CA 92129-2849	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dannelle R. Carpio Pomona, CA 91766-1854	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Byron Lee Carr Hemet, CA 92543-4361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Gilman W Carr San Luis Obispo, CA 93401-4663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bryant R Carrillo Orland, CA 95963-1526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jessica O Carrillo Orland, CA 95963-1526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jeffrey Michael Carter Livingston, CA 95334-1213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ilona C. Casellini Los Angeles, CA 90024-4003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$143.31	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>57</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Jason Matthew Cass Redding, CA 96002-2525	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Chad William Cassady Carmel, CA 93923-8744	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Richard Edward Casteen Bakersfield, CA 93311-1335	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eduardo Luis Castro San Jose, CA 95121-1280	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. M H Charlene Castro Cerritos, CA 90703-5414	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>58</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Silvia Cristina Mafra Cecchini Berkeley, CA 94705-1169	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Arben Celaj Sacramento, CA 95825-1388	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Chris Allen Cerceo South Lake Tahoe, CA 96150-3486	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jorge David Cervantes Moreno Valley, CA 92553-9673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Richard Cervantes Imperial, CA 92251-9780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>59</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Anthony Inchol Cha Canyon Country, CA 91351-3385	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nishandeep S Chahal Turlock, CA 95382-1544	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Surjit Singh Chahal Modesto, CA 95355-2307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Angela Chai Santa Cruz, CA 95065-1526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Patrick Y Challita Sierra Madre, CA 91024-2540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>60</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Tony George Chammas San Diego, CA 92123-2796	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Darwin Chan San Bruno, CA 94066-2422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Edward B Chan El Cerrito, CA 94530-3113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Edward Y Chan Milpitas, CA 95035-6809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gary Hilton Chan Redlands, CA 92373-5239	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>61</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/9/2019	Dr. Geny-Ana Reyes Chan Fresno, CA 93726-6869	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John Michael Chan Livermore, CA 94550-4144	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Chan San Francisco, CA 94118-2407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Polly Chan Foster City, CA 94404-1695	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Von Laurallie Chan Petaluma, CA 94954-5108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Wayman M Chan San Gabriel, CA 91775-1412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eddie Chang Temecula, CA 92592-3836	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gerald E. Chang Palm Springs, CA 92262-6841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Henry S Chang San Jose, CA 95148-4045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Ian Chang Santa Maria, CA 93454-8900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
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1/9/2019	Dr. Jennifer W Chang Hacienda Heights, CA 91745-6853	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. June C. Chang Castro Valley, CA 94546-5402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kirsten M Chang Fair Oaks, CA 95628-5158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark Hayun Chang Santa Ana, CA 92704-5123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Paul C Chang Upland, CA 91786-4369	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Peipei Chang Redwood City, CA 94062-1481	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Philip Minsuk Chang Torrance, CA 90505-3954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Randall Eric Chang Walnut Creek, CA 94598-2628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Richard E. Chang Fair Oaks, CA 95628-5158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Roger Chang Newark, CA 94560-5246	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Tzu-Fei Chang Fullerton, CA 92832-3473	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bhavin Chatrabhujbhai Changela Pomona, CA 91768-2719	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Pavithra Keragod Channegowda San Leandro, CA 94577-4838	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John C Chao Alhambra, CA 91801-3703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Mark T Chao Lodi, CA 95242-4291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Vincent W Chao Placentia, CA 92870-3112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Justin T. Chapman Merced, CA 95348-3391	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Andrew Robert Chapokas San Diego, CA 92103-4112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christopher Charles Brentwood, CA 94513-2223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven Heng Chang Arcadia, CA 91006-3935	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Mark Leonard Charnley Hayward, CA 94541-2952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Peter F Chase Walnut Creek, CA 94598-3045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Monpreet Kaur Chattha Morgan Hill, CA 95037-4316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Deborah H Chau San Francisco, CA 94118-1980	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Nikki Chauhan Sacramento, CA 95831-3658	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Cristina Ann Chavez San Mateo, CA 94401-2609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Manuel Chavez Fresno, CA 93720-0362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Marco M Chavez San Francisco, CA 94110-2477	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Vicente Chavez Santa Rosa, CA 95405-4833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Melissa Marie Chavez-Grinde San Mateo, CA 94401-2609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	03/31/2019	Page <u>69</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Prathima Chawla Campbell, CA 95008-0833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gayle A Cheatwood Holtville, CA 92250-1216	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Andrew Hsiao Chen Newbury Park, CA 91320-6444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Benson Chen Ontario, CA 91761-2118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Candice Chen Red Bluff, CA 96080-4327	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>70</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Chiun-Hung Chen Roseville, CA 95747-7102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Derek Chen Walnut, CA 91789-2655	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ella J Chen Rancho Cucamonga, CA 91701-4515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Emily Chen San Jose, CA 95131-3312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eric Chen Walnut Creek, CA 94596-8606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Eric H Chen San Jose, CA 95126-2905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Frank Fengliang Chen Lodi, CA 95242-3530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Haihong Chen Mountain View, CA 94040-2369	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hsiao-Ting Chen Mountain View, CA 94040-2572	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jason Chiu Chen San Leandro, CA 94577-4702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
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1/9/2019	Dr. Jenny Ji-Yu Chen San Francisco, CA 94108-4010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jen-Yin Chen San Francisco, CA 94102-1301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jim Chun-Min Chen San Jose, CA 95121-1582	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Julia Chen Hacienda Heights, CA 91745-4243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Phyllis Chen San Francisco, CA 94112-1955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period  
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1/9/2019	Dr. Robert Shi Sen Chen Cupertino, CA 95014-3200	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shirley Hsiunma Chen Arcadia, CA 91007-4032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Suelene Y Chen Huntington Beach, CA 92647-6811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sung Sen Chen Hacienda Heights, CA 91745-4243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tenglang Chen Rosemead, CA 91770-5210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Tom T Chen Huntington Beach, CA 92646-2552	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Toni Chen San Gabriel, CA 91775-1053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. William Yen-Jung Chen Fullerton, CA 92835-2523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kaiyan Cheneweth San Diego, CA 92128-3788	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shelly M Cheneweth Ukiah, CA 95482-4561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>75</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Daniel Chi Cheng Sacramento, CA 95831-4320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Pai-Hsung Cheng Sunnyvale, CA 94086-5326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Patrick Pai-Hsiu Cheng Fullerton, CA 92833-3021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. William Joseph Cheng Los Angeles, CA 90025-6386	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alin Chera Santa Rosa, CA 95404-4620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>76</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Keith R Chertok Berkeley, CA 94705-2208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. J Thomas Chess South Pasadena, CA 91030-1652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Mary P Chess-Abelson South Pasadena, CA 91030-1652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eric K Cheung Atwater, CA 95301-2930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Matthew C Cheung El Monte, CA 91731-2633	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Regina C Cheung Sacramento, CA 95816-5807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven M Chew Pleasanton, CA 94588-8576	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tony T. Chi Long Beach, CA 90802-5121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Lorraine Noelle Chiang Ukiah, CA 95482-4027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nanlin Chiang Sacramento, CA 95864-7256	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 78 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Phillip Jih-Bang Chien Temecula, CA 92592-4833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gayle Ann Chin San Francisco, CA 94132-1912	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Terry Chin Sacramento, CA 95825-6207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. William Chin Santa Monica, CA 90401-1617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Raymond G Ching Santa Ana, CA 92704-7314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>79</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Vasavi Reddy Chinnam Soquel, CA 95073-2866	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Benjamin Cho Milpitas, CA 95035-5412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dami Cho Whittier, CA 90606-1336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Frank K Cho Baldwin Park, CA 91706-3753	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Seung Yon Cho San Francisco, CA 94123-4108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 80 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Anna K Choe Pasadena, CA 91105-3132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alexandra Brittany Choi South San Francisco, CA 94080-5413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eunice Choi Whittier, CA 90604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Jimmy Kin Man Choi Temple City, CA 91780-4027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John Y Choi Campbell, CA 95008-0558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Yoonnyoung Choi Choi Fremont, CA 94536-5233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yujin Choi Los Gatos, CA 95032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Linus P. Chong San Marino, CA 91108-2054	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Janice C Chou Newport Beach, CA 92660-7706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Susana Min-Shyan Chou Novato, CA 94947-4304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>82</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Tim Chou Orange, CA 92867-2254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yu-Wei A Chou Diamond Bar, CA 91765-3558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Elaine N. Chow Huntington Beach, CA 92647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gary Kenneth Chow Elk Grove, CA 95624-9502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jack P Chow San Francisco, CA 94102-1117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 83 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Mathew Jonah Chow San Carlos, CA 94070-5008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Renee Chow San Francisco, CA 94107-5529	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Norman L Choy San Francisco, CA 94118-3315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Alice Chreng Torrance, CA 90504-5701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Beanca Y. Chu Huntington Beach, CA 92646-6679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. John W Chu South Pasadena, CA 91030-3375	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lawrence W Chu Elk Grove, CA 95758-7160	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Michael Chu Elk Grove, CA 95758-7160	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michelle C Chu Artesia, CA 90701-4002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Neal J. Chu Carlsbad, CA 92011-4653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Christina Y. Chun Fullerton, CA 92835-3641	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Frederick Chun Tulare, CA 93274-1601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Anna S Chung Santa Barbara, CA 93110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eun Hee Chung Sherman Oaks, CA 91423-2512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Johnson L Chung San Gabriel, CA 91776-3986	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Millie Chung Los Angeles, CA 90028-6807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vanessa Chung Tustin, CA 92782-8607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Young Woong Chung Redlands, CA 92373-4000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lawrence R Church Indio, CA 92201-4828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Matthew Leonard Childerman Yorba Linda, CA 92886-3453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Eric Steven Citron Berkeley, CA 94705-2050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael K Clark Mission Viejo, CA 92691-6706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Paul J Clarke Garden Grove, CA 92845-2511	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Jeffrey R Clayton San Leandro, CA 94577-4702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Donald S Clem III Fullerton, CA 92835-3650	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Daniel Vincent Clevenger San Mateo, CA 94403-1344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dayana Noemy Coffler Oceanside, CA 92056-4405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John Cohen Van Nuys, CA 91401-1944	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mahrouz Cohen Encino, CA 91436-4389	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stephen Cohen San Francisco, CA 94108-4100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>89</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Soleyman Cohen-Sedgh Torrance, CA 90501-6901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eric Cole Del Mar, CA 92014-2994	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Ryan J Colleta Valencia, CA 91355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Diana Reeves Collins Berkeley, CA 94709-1563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Isaac N. Comfortes Encino, CA 91436-2416	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. S Todd Comm Dixon, CA 95620-2022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Constant Cupertino, CA 95014-3235	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Erica S. Conway Napa, CA 94558-3308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Charles Hawkes Cooley Redding, CA 96001-0178	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Clifford W Coolidge Sunnyvale, CA 94087-2612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 91 of 1677
I.D. Number		742855

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NAME OF FILER  
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1/9/2019	Dr. Christopher Lee Cooper Roseville, CA 95661-4602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Peter Gates Cooper Pasadena, CA 91101-2564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Benjamin Hilton Cope El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Andrew I. Corbett Ukiah, CA 95482-4591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sergio Correa San Leandro, CA 94577-4915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>92</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Claudia Patricia Cortes Fontana, CA 92335-2424	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lindsay Costantino Los Angeles, CA 90064-2319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Michael Cottrell Santa Maria, CA 93454-8851	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Curtis R Couch Thousand Oaks, CA 91360-5806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kelly P Couch Elk Grove, CA 95758-7945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/9/2019	Dr. David Alan Cowan Santa Barbara, CA 93108-2884	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. William Joseph Cox Irvine, CA 92604-4630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James McDermott Crabtree Arcadia, CA 91006-3205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brian C Crawford Lincoln, CA 95648-8810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Patrick Charles Creevan Livermore, CA 94550-4456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
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SCHEDULE A (CONT.)

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1/9/2019	Dr. David J Crippen Sacramento, CA 95816-4306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gina Delgado Crippen Sacramento, CA 95816-3783	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bruce James Crispin Tarzana, CA 91356-3252	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Kristi A Crispin Tarzana, CA 91356-3252	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Norman Boyd Crow San Clemente, CA 92672-5509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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from	01/01/2019	
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1/9/2019	Dr. Richard L. Crum Ripon, CA 95366-3005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Denysse Cruz Van Nuys, CA 91405-3936	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Mark A. Cruz Monarch Beach, CA 92629-3310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Victor R Cuccia Palm Desert, CA 92211-5019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Shama Currimbhoy Encinitas, CA 92024-5140	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Barbara H. Curtis Berkeley, CA 94704-1607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark A Da Re Santa Barbara, CA 93105-5516	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sahar Dadvand San Francisco, CA 94114-3604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Karen Elizabeth Dahlgren Redlands, CA 92373-5979	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rajneesh Kaur Dail Monterey, CA 93940-4638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Sunderpal Singh Dail Monterey, CA 93940-4638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Frank B. Dal Santo San Francisco, CA 94108-4102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alpa Arpan Dalal Pleasanton, CA 94566-4748	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Minh P Dang Morgan Hill, CA 95037-5475	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Titi D Dang Huntington Beach, CA 92649-2603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Clifford Stephen Daniel South San Francisco, CA 94080-5413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Sean Daniels San Diego, CA 92126-7503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lan B Dao San Gabriel, CA 91776-3223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Richard J Dare Oakley, CA 94561-1854	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joseph L Dautremont III Woodland Hills, CA 91367-3242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Jeffrey Lynn Davidson El Dorado Hills, CA 95762-7569	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. J. Patrick Davis Encinitas, CA 92024-1353	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. John Charles Davis Encinitas, CA 92024-5397	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Matthew John Davis Encinitas, CA 92024-1353	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tyler Wood Davis San Mateo, CA 94401-3859	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Artin Davoodian Burbank, CA 91506-2459	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bitu Davoodian Redondo Beach, CA 90278-3417	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James Miles Dayley Fountain Valley, CA 92708-5512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Matthew D De La Rionda Yucca Valley, CA 92284-5879	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John Dennis De Lorme Jr. Mission Viejo, CA 92691-5327	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Augusto Borges De Oliveira Jr. Encino, CA 91316-5233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Paul De Rosier San Diego, CA 92106-2603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark W Deering Valley Village, CA 91607-2740	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Hooshfar Howard Defaii San Jose, CA 95123-2701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Edwin L Degolia Santa Rosa, CA 95405-6617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
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1/9/2019	Dr. Erica Angeles Del Rosario San Jose, CA 95127-2231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John M Delaney Anaheim, CA 92801-1938	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Christopher Joseph Deledonne San Pedro, CA 90732-3542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Fidel Delgadillo Saint Helena, CA 94574-1938	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jessica Naycalo Deloso Brentwood, CA 94513-2252	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
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1/9/2019	Dr. Daniel D Demaray Roseville, CA 95661-6063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Melissa Anne Dempsey Fresno, CA 93722-6057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Farhad Dena Encinitas, CA 92024-2952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dale Denio San Diego, CA 92130-2171	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Paul E Denzler Lincoln, CA 95648-1802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

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1/9/2019	Dr. Ray Derakshan San Diego, CA 92128-4671	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jasmine Laurentia Dermawan Sacramento, CA 95825-7088	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hikshu Y. Desai Orange, CA 92865-4603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Prajesh Desai Dublin, CA 94568-7352	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Pravin R Desai Bell, CA 90201-1128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Sachin Pankaj Desai Glendora, CA 91741-4283	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David H Deter La Canada, CA 91011-2950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Nick Devani Cypress, CA 90630-4759	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gary L Devian Yorba Linda, CA 92886-3810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kooshyar Tahmasbi Dezfuly Tustin, CA 92782-1143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Prithvi Singh Dhani Laguna Hills, CA 92656-3628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$72.50	\$145.00	
1/9/2019	Dr. Kanchan H Dharma Santa Clara, CA 95051-6310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jeffrey D Dharmawan Colton, CA 92324-2937	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Pasqualino Di Ciccio Fresno, CA 93720-2957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Pamela A Di Tomasso Sacramento, CA 95816-4312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Arsham Dianat La Habra, CA 90631-3852	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bradley L Dickens Bakersfield, CA 93309-3164	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Justin Isaac Diederichs Colfax, CA 95713-9036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Byron Edward Diehl Redlands, CA 92373-5255	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Matthew Aaron Diercks Los Gatos, CA 95032-3488	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Victoria L Dillingham Lafayette, CA 94549-3504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Xuyan Ding Milpitas, CA 95035-5412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Douglas B Disraeli San Diego, CA 92103-4142	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mary A Ditto Canoga Park, CA 91303-1211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Eric Dixon Modesto, CA 95355-3383	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Anandhi Djegaradjane Menlo Park, CA 94025-2544	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Slobodan Djordjevic Redondo Beach, CA 90277-2168	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Don Dinh Do Concord, CA 94520-3706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Helen H Do Los Angeles, CA 90020-3050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kent Nam Do Santa Ana, CA 92704-7315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Min C Do Los Angeles, CA 90020-3050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tuuyen D. Do Milpitas, CA 95035-3058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lisa J. Dobak Sacramento, CA 95821-4379	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David M Dobin Brentwood, CA 94513-2223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Cynthia Dominessy Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Ester Lisa Pena Domingo Pleasanton, CA 94588-3485	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mauricio Oliveira DosSantos Yucaipa, CA 92399-2755	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bryce Richard Doty Anaheim, CA 92807-4761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gordon L Douglass Sacramento, CA 95821-6534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Josie V Dovidio Simi Valley, CA 93065-4666	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Andrew Carl Dreyer Bakersfield, CA 93312-2141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Du Davis, CA 95616-0856	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Jorge Duarte Turlock, CA 95382-2004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. R. Mark Dugan Rancho Cucamonga, CA 91730-8600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vimal Amcat Dulabh Antelope, CA 95843-4721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Dean L Duncan San Francisco, CA 94127-1303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Bich-Hai Thi Duong San Jose, CA 95112-2022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Quyen T Duong San Jose, CA 95127-2845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tri Duc Duong Port Hueneme, CA 93041-3222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vedran Dupanovic Sacramento, CA 95823-2625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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1/9/2019	Dr. Kenneth R Dupree Antioch, CA 94509-7437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Anna V Durkin San Marcos, CA 92069-3038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Samer Magdi Ebeid San Rafael, CA 94903-3431	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kathy Keikhan Ebrahimi Van Nuys, CA 91405-1949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Maziyar Ebrahimi Beverly Hills, CA 90212-2113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Vahid Ebrahimian San Jose, CA 95123-1222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. S. Ward Eccles Livermore, CA 94550-4159	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. John G Edwards San Carlos, CA 94070-2026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Katrina Elizabeth Eglian Red Bluff, CA 96080-7600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Todd B Ehrler Rialto, CA 92376-8062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Nader Ehsani San Diego, CA 92123-3357	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. William C Eich San Bernardino, CA 92404-5107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Andre Eliasian Glendale, CA 91201-2238	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joseph A Elmassian Pasadena, CA 91107-1409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Richard D Emery Sonora, CA 95370-6208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Jon Fredric Englert Vista, CA 92081-7851	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Amy G. English Vallejo, CA 94590-4627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. George Eric Epperson Arcata, CA 95521-6781	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. David Epstein Novato, CA 94947-3030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jeffrey M. Erickson Castro Valley, CA 94546-5307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Jacob F Esagoff Beverly Hills, CA 90210-6142	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alan A Esla Bakersfield, CA 93311-9509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yashar Eslami Cupertino, CA 95014-3028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nicholas D. Esplin Vacaville, CA 95688-4246	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Babak Robert Etemad Santa Ana, CA 92703-3723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Mark D. Exler Encino, CA 91436-4312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jesse M Fa Antioch, CA 94509-4964	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Simiade Fabiyi Sacramento, CA 95811-3120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Jeremy I Factor La Mesa, CA 91942-2571	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brian Ashley Fahey Carmichael, CA 95608-4994	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Joseph P Fahr Torrance, CA 90501-1358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mehran Fakhri Arleta, CA 91331-4106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jay H. Fallon IV San Diego, CA 92109-8713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Paul Imre Falvey Grass Valley, CA 95945-7298	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dave Famili Los Angeles, CA 90064-1528	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>121</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Siuman Bill Fan San Diego, CA 92108-3611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vahid Farahyar Davis, CA 95616-0873	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Edward Farajzadeh Del Mar, CA 92014-3146	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Navid Fardanesh Templeton, CA 93465-8751	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Arash Farhadian Granada Hills, CA 91344-7405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Leila Farhang-Azad San Francisco, CA 94104-4258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bassem Farid Pasadena, CA 91101-3537	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Farivar Los Angeles, CA 90035-3228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Victoria Shadi Farr Vacaville, CA 95687-3542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John C Fat Sacramento, CA 95831-3663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>123</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/9/2019	Dr. Farschid Fatehi Ladera Ranch, CA 92694-1184	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Frooz Fatoorachi-Korsand Vista, CA 92081-6056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael R Favero Sacramento, CA 95825-0401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tiffany Favero Holladay Sacramento, CA 95825-0401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shahram Fazilat Mountain View, CA 94040-4209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>124</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Daniel Feldman Long Beach, CA 90815-1100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Vacharee B Fell Culver City, CA 90232-3624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Ronald Sam Fenn El Cajon, CA 92021-5008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Gabriela Alejandra Fernandez Santa Cruz, CA 95065-1714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Pablo Daniel Fernandez Santa Cruz, CA 95065-1714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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NAME OF FILER		I.D. Number
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1/9/2019	Dr. Angela Marie Ferrari Mount Shasta, CA 96067-2343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Paul Kenneth Ferraro Mission Viejo, CA 92692-3702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Andrew Ashton Ferris Santa Barbara, CA 93105-3182	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Cami Elyse Ferris-Wong Santa Barbara, CA 93101-6512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David D Ferro South San Francisco, CA 94080	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Adrienne Uchikura Feyock Danville, CA 94526-1745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gregg Scott Filippelli Rancho Cucamonga, CA 91730-6889	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Clarke Filippi Modesto, CA 95350-1500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Frank A Finazzo Fontana, CA 92335-3948	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Deborah Hope Finegold Selma, CA 93662-3250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Kurt Robert Finley Palo Alto, CA 94301-2123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mehrzad Firouzbakht Van Nuys, CA 91401-1958	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Elliott H Fishlyn Santa Monica, CA 90401-1407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Linda C Fitzmorris Apple Valley, CA 92307-2132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thomas A. Fitzpatrick Solana Beach, CA 92075-2428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Kevin L Fleming Lodi, CA 95240-5117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robyn Song Powell Flores San Luis Obispo, CA 93405-1738	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert Bruce Folk San Diego, CA 92128-2451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kenneth E Follmar II Los Gatos, CA 95032-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Troy S Follmar Los Gatos, CA 95032-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. David M Fong Oakland, CA 94612-3417	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jennifer Melissa Fong Daly City, CA 94015-2660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Justine Yan Fong Sacramento, CA 95827-2728	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rickey Lance Fong Campbell, CA 95008-2126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert Chuck Fong Sacramento, CA 95816-5248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/9/2019	Dr. Terrence L Fong Temple City, CA 91780-2211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Wayne C Fong Oakland, CA 94612-2822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gina Margerette Fontana Santa Rosa, CA 95404-6629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Suanhow Howard Foo Hacienda Heights, CA 91745-5333	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David W Foon San Francisco, CA 94112-1518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/9/2019	Dr. James E Forbes Berkeley, CA 94707-2108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kristen Forbes Berkeley, CA 94707-2108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christine M. Ford Santa Rosa, CA 95404-5259	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Robert Craig Ford Agoura Hills, CA 91301-1601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Michael D Forde Roseville, CA 95661-5919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. David Paul Forester Fresno, CA 93720-2689	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James A Forester San Luis Obispo, CA 93401-2595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. T. Gary Forester Fresno, CA 93720-2689	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. James Joseph Forni Santa Rosa, CA 95405-7800	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Jared Richard Fortman Santa Rosa, CA 95405-8901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Mehran Fotovatjah Palo Alto, CA 94306-1163	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sandra Lynn Fouladi Elk Grove, CA 95624-2290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Donald James Fowkes Chico, CA 95926-1022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kenneth Frangadakis Cupertino, CA 95014-3238	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Andrew J Frank Beverly Hills, CA 90211-2004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Thomas W Frank Bakersfield, CA 93309-0681	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Kevin Richard Frawley Beverly Hills, CA 90211-2006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michele Lynn Frawley Beverly Hills, CA 90211-2006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shawn A Frawley Beverly Hills, CA 90211-2006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Richard Evan Fredekind San Francisco, CA 94103-2919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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1/9/2019	Dr. Michael L French Sonora, CA 95370-9260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. William Edward Frey Jackson, CA 95642-2557	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Michael T Frickman Escondido, CA 92025-4358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Leonard C Fu Mountain View, CA 94040-4209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Robert K Fujii San Francisco, CA 94108-4011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Jeffrey T Fujimoto San Francisco, CA 94116-1953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Tamaki Fujino San Ramon, CA 94583-2195	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael R Fukawa San Jose, CA 95128-4831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Victoria Furman Cupertino, CA 95014-2371	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Richard K Furuichi Monterey Park, CA 91754-4721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Brent Michael Furumoto Diamond Bar, CA 91765-2767	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Puja Gaba San Jose, CA 95121-1683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joseph Abraham Gabany San Francisco, CA 94108-5322	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nicholas Noel Gadler El Cajon, CA 92020-4124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gretchen Sunmie Gadwood Hercules, CA 94547-1841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Laura M Gaeta-Wilson Santa Rosa, CA 95405-4505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$152.88	\$145.00	
1/9/2019	Dr. Melanie Marie Gaglioti Concord, CA 94518-2210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Daniel N Galaif Encino, CA 91436-2150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Razmik Galustian Encino, CA 91316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bernard Abellera Galvez Stockton, CA 95202-2837	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Gilberta L Galvez Los Angeles, CA 90008-2549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ma Cristina R. Galvez Stockton, CA 95202-2837	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yadira Gamez San Ysidro, CA 92173-1882	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yam G Gan San Diego, CA 92126-6501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Bhavin S Gandhi Long Beach, CA 90806-1620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Gregory G Ganji San Francisco, CA 94107-1288	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sam J. Ganji Hawthorne, CA 90250-6666	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bernard G Gantes Seal Beach, CA 90740-5388	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. David L. Garber Ojai, CA 93023-3170	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Emilio E. Garcia Madera, CA 93638-3342	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Gilberto G. Garcia Placentia, CA 92870-3828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Irma L. Garcia Fairfield, CA 94534-7994	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ryan Garcia Morro Bay, CA 93442-2522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sonja Kae Garden Berkeley, CA 94704-2803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Calvin Larry Garland Sacramento, CA 95831-5608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Daniel Ara Garoian Huntington Park, CA 90255-4568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Garry G Gast Belvedere Tiburon, CA 94920-2516	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Stewart A Gately Quincy, CA 95971-9466	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rowena Sanchez Gbenoba Winchester, CA 92596-9820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vickie Yi-Zhou Ge Irvine, CA 92618-3168	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	03/31/2019	Page <u>143</u> of <u>1677</u>
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NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Justin Gee Santa Rosa, CA 95409-5372	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven Gee Sunnyvale, CA 94087-2458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jeffrey L Geissberger Greenbrae, CA 94904-2000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Marc J Geissberger Greenbrae, CA 94904-2000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Benjamin Aaron Geller Los Angeles, CA 90004-3014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Gloria Garia Geller Los Angeles, CA 90004-3014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. George C Georgaklis San Diego, CA 92121-3022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert B Gerber Los Angeles, CA 90048-5911	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Eduardo Sabater Gerodias Modesto, CA 95350-1159	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ignatius Nate Gerodias San Francisco, CA 94109-4582	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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**CALIFORNIA FORM 460**

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NAME OF FILER  
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1/9/2019	Dr. Aaron Paul Gerson Manhattan Beach, CA 90266-4753	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Maziyar A Ghalambor Bakersfield, CA 93301-2805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Golnaz Ghanooni Huntington Park, CA 90255-4102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kevin Ghiani West Hills, CA 91307-3522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Manisha Ghosh Sunnyvale, CA 94087-2319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/9/2019	Dr. An Thanh Giang San Jose, CA 95123-2320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Charles Trieu Giang Hayward, CA 94545-1538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. William D Gilbert Granite Bay, CA 95746-9200	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$200.00	
1/9/2019	Dr. Jason Bradburn Gile San Diego, CA 92103-4980	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sarah Gim Alameda, CA 94501-5100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Melissa Winston Glazer Los Angeles, CA 90049-6603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christopher S Go Valencia, CA 91355-6050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Richard Gordon Goble Fallbrook, CA 92028-3325	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Joseph Brian Godinez Palm Springs, CA 92262-4429	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mira P. Godiwala Cupertino, CA 95014-0561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Gin Hoey Goei South Pasadena, CA 91030-4860	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stephen T Goei South Pasadena, CA 91030-3226	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert J Goetze Salinas, CA 93901-3159	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$200.00	
1/9/2019	Dr. Annie Goh Lomita, CA 90717-3359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mona Amit Gokani Pleasanton, CA 94566-4716	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Cheryl Diane Goldasich Torrance, CA 90505-3919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Marshall E Gomes Lodi, CA 95242-3038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Becky W Gong Cupertino, CA 95014-3236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yolanda Delfin Gonzales Sacramento, CA 95822-3148	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lori C Good San Diego, CA 92128-2404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Phoebe M Good San Francisco, CA 94108-5314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sarah Elizabeth Goodacre Loma Linda, CA 92357-1000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Lavon H Goodin Merced, CA 95348-2420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mitchell A. Goodis Diamond Springs, CA 95619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$155.00	\$155.00	
1/9/2019	Dr. R. Michael Gordon Huntington Beach, CA 92647-2656	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Michael Goren Sherman Oaks, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Valentina Goren Sherman Oaks, CA 91423-2754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nick Gorgani Los Altos, CA 94024-5402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Svetlana Gorin Poway, CA 92064-2058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. J. Brent Gorrell Mountain View, CA 94040-3666	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Jasmine Marie Gorton Larkspur, CA 94939-1724	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Curtis Lee Gottfried Redding, CA 96001-0157	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Emanuel Gottlieb Beverly Hills, CA 90211-3605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Wayne A. Gouvion Irvine, CA 92612-2729	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Ramesh A Gowda Anaheim, CA 92805-2533	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
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1/9/2019	Dr. Sunil Kumar Goyal Whittier, CA 90603-2901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jeffrey D Gradinger Northridge, CA 91324-4630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Steven Graf Scotts Valley, CA 95066-4239	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nathan J Granillo Hemet, CA 92544-4657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Adam Michael Grant Fresno, CA 93720-3861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. David Eric Grant Irvine, CA 92612-2729	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joseph W Gray Upland, CA 91786-5117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Louis H Green San Francisco, CA 94108-5322	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Julie L Greenlaw Walnut Creek, CA 94598-3057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark L Greenmun Georgetown, CA 95634-9345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Kenneth D Greenstadt Torrance, CA 90503-4847	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. William Y Gregg Laguna Niguel, CA 92677-2082	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Robert E Griffin San Rafael, CA 94901-3552	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Jack Hagop Grigorian Glendale, CA 91206-3758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Inessa Davidovna Grinberg San Francisco, CA 94121-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Kevin Hans Gropp Northridge, CA 91324-3190	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Reena Naik Grover Dublin, CA 94568-4592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brett M Grube Santa Barbara, CA 93105-3464	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rodney Guerrero Long Beach, CA 90806-2611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Monika Sachin Gugale Wheatland, CA 95692-9787	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Awny E Guindy Northridge, CA 91324-4632	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Susanna Gukasov Valley Village, CA 91607-2854	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Adrienne S. Gunstream San Jose, CA 95128-4831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Peirong Guo Los Gatos, CA 95030-5946	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Neera Gupta Fresno, CA 93720-5604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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1/9/2019	Dr. Reena Gupta San Jose, CA 95128-5126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ruchira Gupta Pleasanton, CA 94588-8576	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shivani Gupta San Carlos, CA 94070-5219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rylan N Gustafson Chico, CA 95928-8352	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alexis J Gutierrez San Fernando, CA 91340-3115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Arby Alcantara Gutierrez Long Beach, CA 90807-4125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Chris Sangseok Ha Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hyun Myung Ha South Lake Tahoe, CA 96150-6409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Russell E. Haag San Diego, CA 92117-5832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Daniel Haberman Sacramento, CA 95831-3437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Golgoun Habibi Mountain View, CA 94043-3973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Frank Hakak Hackman Northridge, CA 91324-3309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rami Munir Haddad Lancaster, CA 93534-3147	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michelle M Haghpanah Palo Alto, CA 94301-2919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ardeshir Hakhamian South Gate, CA 90280-7024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/9/2019	Dr. Alexander Hakim Los Angeles, CA 90025-6808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Hooman Hakimi Bellflower, CA 90706-5417	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sam J. Halabo Chula Vista, CA 91910-2801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert Glenn Hale Woodland Hills, CA 91367-2046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dennis A Hall San Lorenzo, CA 94580-1537	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. William Stuart Hall Mountain View, CA 94040-2649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. William F Halligan San Diego, CA 92117-4900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Ronald Hamako Los Altos, CA 94022-2754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Zainab M Hameed Fontana, CA 92336-1253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ian L Hamel Burbank, CA 91506-1725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Josh D. Hammer Santa Rosa, CA 95403-4175	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Samer Hamza Turlock, CA 95382-2423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bokyung Han Irvine, CA 92604-4631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John Choong Han Redlands, CA 92374-0112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Boram Han Fullerton, CA 92835	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
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1/9/2019	Dr. Peter K. Han Hayward, CA 94545-1517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ru-Mee Han Diamond Bar, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Thomas J Han Los Angeles, CA 90010-2343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Wayne Setsuo Hane Santa Clara, CA 95050-5600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eric Van Haney San Anselmo, CA 94960-2622	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/9/2019	Dr. Kim K Hannaford Los Alamitos, CA 90720-3681	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Lauren T Hanschu Carmichael, CA 95608-6360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael B Hansted Hilmar, CA 95324-9099	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ryan David Harbertson Escondido, CA 92025-3435	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. William Richardson Hardie Jr. Escondido, CA 92025-3430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)	I.D. Number 742855
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Grace Soeun Hardy Canyon Country, CA 91351-4875	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James L. Harris San Diego, CA 92108-3234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sheila Nicole Harris Sacramento, CA 95834-3769	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kenneth T Harrison Loma Linda, CA 92354-6743	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. William Henry Harrison Newport Beach, CA 92660-7608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Lawrence Jiro Hashimoto Torrance, CA 90505-4709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mohamed Abdalla Hassan Irvine, CA 92618-0825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Allen L Hasse San Francisco, CA 94111-3823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kevin M. Hassler Pismo Beach, CA 93449-2508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David C. Hatcher Sacramento, CA 95825-6317	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Holly D. Hatt Poway, CA 92064-2059	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Louis Y Hau San Jose, CA 95129-2639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Philip G Hau San Jose, CA 95129-2639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Derek Bryan Hauser Lake Elsinore, CA 92532-0471	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Arthur K Hayashi Watsonville, CA 95076-6021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Vera Shannon Haynes Walnut Creek, CA 94598-2418	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hong He Cupertino, CA 95014-2405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yi He Tulare, CA 93274-8053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Peter M Heckler Orinda, CA 94563-2604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John Anthony Hedrick Santa Cruz, CA 95060-4127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>170</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Stanley R Heiner Modesto, CA 95355-3306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Jessica Heit Santa Cruz, CA 95060-3801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Jacob Hemingway San Jose, CA 95123-6356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Omid Hemmat Santa Ana, CA 92705-3916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Misty Autumn Henne-Bhullar San Jose, CA 95118-2748	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>171</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Frederic V Hepp Santa Barbara, CA 93101-8418	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kiri K Herchold San Francisco, CA 94109-2817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gregory John Herd Rancho Santa Margarita, CA 92688-2176	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christopher Michael Herman Oceanside, CA 92056-4458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lita Sari Hermansjah Corona, CA 92882-3239	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Almi Mae Valenzuela Hernandez Van Nuys, CA 91406-2035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ronaldo Gabriel Hernandez Fremont, CA 94536-3630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Casey M Herrera Atherton, CA 94027-3866	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Epifanio D Herrera Bakersfield, CA 93309-2614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven R Herrick Yuba City, CA 95991-2920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>173</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/9/2019	Dr. Thomas M Hewlett Clearlake, CA 95422-9251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Ross Alan Heyn Rocklin, CA 95677-2412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dallas Hale Hickle Novato, CA 94947-4304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Robert Kenjiro Higa Riverside, CA 92504-2756	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven F Higashi Sacramento, CA 95822-4244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>174</u> of <u>1677</u>
NAME OF FILER		I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Michael N Hillstead Sonoma, CA 95476-6502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Elmer E Hilo Rancho Cucamonga, CA 91737-6746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dan Philip Hilton Woodland Hills, CA 91364-0858	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Carmen Hipona San Jose, CA 95121-1280	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Craig Isamu Hirasawa Sherman Oaks, CA 91403-3721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Sandor Hites Berkeley, CA 94704-2123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Alan D Hiura San Jose, CA 95128-4831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Claire Leora Ho Los Angeles, CA 90045-3828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kenneth C Ho La Canada, CA 91011-3567	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lillian H Ho Long Beach, CA 90808-3204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Ly Thien Ho Anaheim, CA 92804-3423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. William Chun Ku Ho South San Francisco, CA 94080-5420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christine Ling Hoang Tustin, CA 92780-4637	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Henry H Hoang Orange, CA 92868-2818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Hoang Hawthorne, CA 90250-5810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/9/2019	Dr. Scott Hoang San Leandro, CA 94577-4915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tram Quynh Hoang San Jose, CA 95126-1144	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Barry Steven Hoch San Ramon, CA 94583-2000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sue Sooyoung Hoch San Ramon, CA 94583-2000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David A Hochwald Huntingtn Bch, CA 92647-9102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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1/9/2019	Dr. Richard D Hoefke Woodland Hills, CA 91367-2020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Martin Joseph Hoff Redwood City, CA 94062-1339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Scott A Hoffman Menlo Park, CA 94025-4434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Alexander Shahram Hoghooghi Palo Alto, CA 94304-1805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kenneth L Holder Milpitas, CA 95035-5412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/9/2019	Dr. Jeffrey Hollister Arroyo Grande, CA 93420-2236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Frederic Gordon Holloszy Redwood City, CA 94062-1380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Edward K Holly San Diego, CA 92110-4908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Burt M Holstein Beverly Hills, CA 90211-2436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Douglas William Hom Diamond Bar, CA 91765-3659	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Jennifer Hom Parlier, CA 93648-2666	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Kendall Don Homer Sacramento, CA 95826-5418	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Wesley S Honbo Davis, CA 95616-4123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Blaine Isamu Honda Berkeley, CA 94709-2130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jerald M Hong Thousand Oaks, CA 91320-6440	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Joseph Ki Yun Hong Victorville, CA 92395-3934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Justin S Hong Orange, CA 92867-7148	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kari Ann Hong Thousand Oaks, CA 91320-6440	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Peter Tzu-Bin Hong Los Altos, CA 94024-5433	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brenton Scott Hood Chico, CA 95973-1114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Helen Marie Hooper Marina Del Rey, CA 90292-5447	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Terry E. Hoover San Francisco, CA 94103-2919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Stephen A Horowitz Encino, CA 91316-3738	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Houtan Afsah Hosseini Bakersfield, CA 93301-4223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jon Eric Hottinger Elk Grove, CA 95758-7834	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Arman Hovhannisyany Glendale, CA 91205-2321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Sheena Michelle Howell San Diego, CA 92103-5639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Adam Johannes Hoybjerg Yuba City, CA 95991-3491	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nancy Ky Kwon Hsieh San Francisco, CA 94118-1863	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Susan J Hsieh Dublin, CA 94568-3036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Leslie Y Hsu San Mateo, CA 94402-2311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yu-Yi Hsu San Francisco, CA 94158-1597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nelson Hu Tracy, CA 95304-7324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Qizhi Hu Dublin, CA 94568-3017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Serena Yu-Chen Hu Mountain View, CA 94043-1761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Kenneth Q Hua San Jose, CA 95135-2000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Donald C Huang Stockton, CA 95204-6032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Joyce Kuan-Yu Huang South San Francisco, CA 94080-1397	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Peter Wenyen Huang Ontario, CA 91761-2118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rita Huang Union City, CA 94587-1720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Shane S Huang Sunnyvale, CA 94086-7440	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Te-Chao Huang Corona, CA 92880-3430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thomas T. Huang Cupertino, CA 95014-3017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vivian W Huang Antioch, CA 94531-6305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yan Huang Fullerton, CA 92831-5527	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
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1/9/2019	Dr. Yung Ta Huang Temple City, CA 91780-4060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yung-Shen Huang Carmichael, CA 95608-4019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Zoe Huang Dublin, CA 94568-2943	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kimberly Quan Hubenette Sonoma, CA 95476-6805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Altaf Hudani Torrance, CA 90505-6563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/9/2019	Dr. Douglas Gail Hufnagel Palo Cedro, CA 96073-1306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rosa H. Huie Oakland, CA 94602-1018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Troy Edward Hull Folsom, CA 95630-3830	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David S. Humerickhouse Tulare, CA 93274-2173	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kurt Gerard Hummeldorf San Diego, CA 92108-1633	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Ronald K Hunter Camarillo, CA 93010-1426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Scott W Huseth Chico, CA 95973-7224	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Jedediah Val Huss Newbury Park, CA 91320-4269	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thayer F. Hussein Garden Grove, CA 92843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christina Louise Hutchinson El Segundo, CA 90245-3065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Brian Kelly Hutto Modesto, CA 95355-4229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Andrew V Huynh Los Angeles, CA 90025-6386	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mai-Phuong N Huynh San Diego, CA 92111-3762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Quang Duong Huynh Anaheim, CA 92804-2115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Trang Tri-Thuy Huynh San Jose, CA 95116-1398	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>191</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. David D H Hwang La Crescenta, CA 91214-2240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kathleen Chiung Hwang Monrovia, CA 91016-1933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Juno Hwang Sunnyvale, CA 94087-2319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven Jiunn-Der Hwang Arcadia, CA 91007-7611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Megan Fulmer Ide Visalia, CA 93291-4119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>192</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Robert H. Iezman Berkeley, CA 94709-1512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Peter T Iglar Claremont, CA 91711-3404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hideki Ikeda Garden Grove, CA 92845-2522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James K Ikehara San Jose, CA 95124-3243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Deric Denroku Ikuta Reedley, CA 93654-3015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Ted Tae-Yul Im Moreno Valley, CA 92553-3791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yo Imai-Marshall La Mesa, CA 91941-7394	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nicholas P Infantino Cupertino, CA 95014-3236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lee R Ingersoll Santa Ana, CA 92705-3540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. William L Ingram Jr. Pasadena, CA 91101-5009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>194</u> of <u>1677</u>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Samuel H Ip Rancho Santa Margarita, CA 92688-3624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mehrnaz Irani Vista, CA 92083-5208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Aria Irvani Foothill Ranch, CA 92610-2854	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bradley Allen Irving Oakland, CA 94611-2917	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert Vincent Iverson Palo Alto, CA 94301-2007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

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1/9/2019	Dr. Carolyn Izu Palm Desert, CA 92260-4141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John Jawad Jaber San Leandro, CA 94577-4839	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Cynthia Lee Jackson Alpine, CA 91901-1105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mack Jacob Berkeley, CA 94703-2519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Roge Jacob San Jose, CA 95124-3243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/9/2019	Dr. Fernando H Jacobs Riverside, CA 92506-2606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gary B Jacobsen Arcadia, CA 91007-3489	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Michael L Jacobsen Victorville, CA 92395-8308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Peter L. Jacobsen San Francisco, CA 94115-2702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Richard L Jacobson Pacific Palisades, CA 90272-5020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	03/31/2019	Page <u>197</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/9/2019	Dr. Siamak Mack Jafari Pittsburg, CA 94565-5102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sahar Jaffrey Walnut Creek, CA 94596-5214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Amy Elizabeth Jagger Chula Vista, CA 91910-6587	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark Bennett Jamison Beverly Hills, CA 90212-3471	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Weonsuk Jang Citrus Heights, CA 95621-1741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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1/9/2019	Dr. Trey S. Jangaard Templeton, CA 93465-4048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thomas Adam Jarrett South Lake Tahoe, CA 96150-7161	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dino S Javaheri Danville, CA 94526-1731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kayvon H. Javid Lomita, CA 90717-2594	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Edmund Walt Jay San Diego, CA 92117-5359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Charng-Shing Jean Irvine, CA 92620-3622	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert P Jeffers Santa Rosa, CA 95405-6617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Michael David Jensen Seal Beach, CA 90740-6309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bom Seok Jeon Bakersfield, CA 93301-2804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nathan Orme Jergensen Hemet, CA 92543-4425	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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1/9/2019	Dr. James T Jesse San Bernardino, CA 92408-3766	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Kevin Victor Jeworski Sunnyvale, CA 94087-2319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Zhibin Ji Shasta Lake, CA 96019-9215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Benjamin Jin San Francisco, CA 94115-3713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tian Jin Azusa, CA 91702-4421	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>201</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Sajid A Jivraj Oxnard, CA 93036-2213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Daniel J Jo Palm Springs, CA 92262-3701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Anagha B Jog Santa Clara, CA 95051-0956	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Craig A Johnson Sierra Madre, CA 91024-2526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Keith A Johnson Oxnard, CA 93030-6426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>202</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Randy Lee Johnson Vacaville, CA 95687-6915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven E Johnson Riverside, CA 92506-3823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Todd Lewis Johnson Fair Oaks, CA 95628-7559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Peter Jollymour Menlo Park, CA 94025-4428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Allan C Jones Torrance, CA 90505-4771	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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NAME OF FILER

California Dental Association Political Action Committee (CDA PAC)

I.D. Number

742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Birva Joshi Jones West Hills, CA 91307-1982	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dagon Hurricane Casey Jones Davis, CA 95618-7765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. M A Jones Jr. Fortuna, CA 95540-2852	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Weoncheol Joo Los Angeles, CA 90006-2558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael G Jorgensen Los Angeles, CA 90089-0001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Jeremy Brian Jorgenson Costa Mesa, CA 92626-3001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joseph M Joseph Camarillo, CA 93010-5930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sunny Shams Joseph San Francisco, CA 94102-1115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Helen Fai Jow San Francisco, CA 94109-3021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Leslie W Jow San Jose, CA 95148-4045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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NAME OF FILER

California Dental Association Political Action Committee (CDA PAC)

I.D. Number

742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Christopher H Joy Palo Alto, CA 94301-2827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. William E Judson El Sobrante, CA 94803-2816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Vincent M Jue San Francisco, CA 94116-1903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. James Christian Jun Brea, CA 92823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kathryn Ann Jurosky Palo Alto, CA 94301-2123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>206</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Jaleh Kaboli-Nejad Alamo, CA 94507-1919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nikki Kabra Newport Beach, CA 92660-5965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tom T. Kadowaki	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$0.00	
1/9/2019	Dr. Mana Kafeai Tustin, CA 92782-1143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Ernest A Kahl Orinda, CA 94563-2519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>207</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Stephanie Lynn Kahle Sebastopol, CA 95472-4236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joyce JeeHee Kahng Costa Mesa, CA 92627-2839	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Connie I Kais San Jose, CA 95148-4045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eric Kunio Kaji Torrance, CA 90505-2372	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sophia Zoe Kalawi La Mesa, CA 91942-9343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Isabelle Kaldawi Van Nuys, CA 91406-3034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dennis M Kalebjian Fresno, CA 93704-1826	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven Kallman Los Angeles, CA 90067-2020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Arsen Kalpakchian North Hollywood, CA 91605-5248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Barry G Kami Berkeley, CA 94703-1515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>209</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Yuri Kaneda Chula Vista, CA 91910-6990	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Leslie M Kaneko Monterey Park, CA 91754-4721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kurtis S Kanemaru Stanton, CA 90680-2805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Hee Nam Kang Ontario, CA 91762-6501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kevin C Kang Monterey Park, CA 91754-1708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Linda S Kang Sunnyvale, CA 94089-2290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sarmukh Singh Kang Fontana, CA 92335-1713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jennifer J Kang-Montoya Templeton, CA 93465-9731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Matthew Randall Kanter Lake Elsinore, CA 92532-0471	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Charles Tzp Ping Kao Sunnyvale, CA 94087-1968	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. David S Kao Los Angeles, CA 90017-3909	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eric Richard Kardovich San Pedro, CA 90732-3515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Atul V. Karia San Bernardino, CA 92407-3819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Parvin Karimi Chino, CA 91710-5905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sean Afshin Karimian Walnut Creek, CA 94595-2501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>212</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Rayna Tovah Karoll San Diego, CA 92101-2975	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Jamshid Aryanpur Kashani National City, CA 91950-7657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kourosh Aryanpur Kashani San Diego, CA 92115-2706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert N Katibah Sacramento, CA 95821-6534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kazuhiro Kato San Diego, CA 92111-3754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>213</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Lisa L Kato Fountain Valley, CA 92708-6726	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Matthew Seth Kaufman Culver City, CA 90232-3314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Warren E. Kaufman Culver City, CA 90232-3314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Amanpreet Kaur Woodland, CA 95695-2996	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mandeep Kaur Fresno, CA 93727-6576	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>214</u> of <u>1677</u>
		I.D. Number 742855

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NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Moninder Kaur Fremont, CA 94536-5388	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rupinderjit Kaur Roseville, CA 95747-7348	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lindon K Kawahara Torrance, CA 90505-2594	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Garrett R Kawata Corona, CA 92879-3109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven K Kawata Newport Beach, CA 92660-8718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>215</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/9/2019	Dr. Mark B Kay Albany, CA 94706-1832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Alan H Kaye Beverly Hills, CA 90210-5016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Navasart Kazazian Glendale, CA 91205-3182	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Sona Kazazian Valley Village, CA 91607-2345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kevin M Keane Sacramento, CA 95821-6614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>216</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Kevin M. Keating Sacramento, CA 95825-2165	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. C. Mark Keen Alta Loma, CA 91701-5035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Randall Steven Keller Beverly Hills, CA 90211-1789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Steven A Keller Palo Alto, CA 94301-2007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. William M Kelley Salinas, CA 93901-4223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>217</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Sidney D Kelly Roseville, CA 95661-7782	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michelle M Kelman Los Angeles, CA 90048-6113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kelly Rae Kendall Santa Barbara, CA 93101-2481	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jeff Scott Kerbs Escondido, CA 92025-4357	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jayantilal Rama Keshav Downey, CA 90240-2169	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/9/2019	Dr. Koushyar Keyhan Saratoga, CA 95070-3612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hao Kha San Francisco, CA 94131-3057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John P Khalaf Pasadena, CA 91105-2735	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jabeen M Khan Los Angeles, CA 90044-5718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Smita Jatin Khandwala Sacramento, CA 95825-1321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Bridgit M Khater Fresno, CA 93704-1826	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Roger A Khater Fresno, CA 93704-1826	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kim Khauv San Jose, CA 95133-1941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sima Khavaran West Covina, CA 91790-2122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Reza Khazaeizadeh Farmersville, CA 93223-1570	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Ardavan Rivera Kheradpir Fresno, CA 93720-8006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Diviya Khiria Sacramento, CA 95825-2104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jenna Majeed Khoury Carlsbad, CA 92009-8685	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sam F. Khoury Vacaville, CA 95687-6352	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vivian Sami Khoury Daly City, CA 94015-1443	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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from	01/01/2019	
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1/9/2019	Dr. Kelly Marie Kidon Ventura, CA 93003-5258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Terence A Kilker Yorba Linda, CA 92886-3810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Aileen Sehee Kim West Covina, CA 91790-3410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alexander Yongmin Kim Sunnyvale, CA 94087-1942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Andrew Chun Kim Fountain Valley, CA 92708-4261	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Byung C Kim Los Angeles, CA 90029-3646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Charles Sung-Joo Kim Fullerton, CA 92835-3343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Daesoon Kim Sacramento, CA 95825-2105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Hoyeon Kim Los Angeles, CA 90010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Dong Whoon Kim La Palma, CA 90623-2019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Edward Inchul Kim Glendale, CA 91208-1419	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eric Kim Irvine, CA 92604-8653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hae-Jung Kim Hanford, CA 93230-5795	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hak Won Kim Irvine, CA 92604-4732	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jae Youn Kim Bell Gardens, CA 90201-3906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. James W. Woosik Kim Irvine, CA 92602-2476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jason Kim Wilmington, CA 90744-2524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jennifer M Kim Buena Park, CA 90621-1291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jin Tae Kim Sacramento, CA 95821-6614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joanne Sung Kim Huntington Park, CA 90255-6029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Jooyoung Kim Walnut Creek, CA 94598-2249	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joseph Kim Santa Ana, CA 92705-3605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ki Wan Kim Oceanside, CA 92056-4559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mi Hyun Kim Berkeley, CA 94705-2058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Min Ah Kim Delano, CA 93215-2969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	03/31/2019	Page <u>226</u> of <u>1677</u>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Peter D Kim Bakersfield, CA 93309-0657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Peter M Kim Bakersfield, CA 93309-1014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Quy Nguyen Kim Fountain Valley, CA 92708-4261	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Scott Yong-Jin Kim Los Angeles, CA 90020-3450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Soon No Kim Torrance, CA 90505-2863	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	03/31/2019	Page <u>227</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Yong Chin Kim Yuba City, CA 95991-2920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Young Kwun Kim Fontana, CA 92335-3603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Young Ryul Kim Buena Park, CA 90621-1291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Marchelle Chow King Berkeley, CA 94705-2029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Donald J Kinosian Clovis, CA 93612-3839	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>228</u> of <u>1677</u>
NAME OF FILER		I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Chun-Pang Tony Kir San Francisco, CA 94133-4219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Ryan Kir San Francisco, CA 94133-4219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Blair Kirk Petaluma, CA 94954-6967	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven Philip Kirsch Lake Forest, CA 92630-3946	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bradley James Kirst Valencia, CA 91355-5333	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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NAME OF FILER

California Dental Association Political Action Committee (CDA PAC)

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742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Luba Kisilyuk San Francisco, CA 94115-3457	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. R. Glenn Kitasoe Menlo Park, CA 94025-4434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Alek Klebaner San Carlos, CA 94070-2321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael D Klein Encinitas, CA 92024-5821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eva Nicole Knorr Burbank, CA 91505-4536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>230</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/9/2019	Dr. Stephanie Chan Kneuppel Half Moon Bay, CA 94019-2187	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bernice T Ko Los Angeles, CA 90064-1624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Wynne S. Ko Oakland, CA 94607-6523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Don K Kobashigawa Burbank, CA 91505-4050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Keith Shosaku Kodama Tustin, CA 92780-5835	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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Statement covers period  
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1/9/2019	Dr. Sachiko Kodama Gardena, CA 90249-4325	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John Leland Koett Encinitas, CA 92024-1351	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stanley S Koh Bakersfield, CA 93301-3057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bitu Kohan Los Angeles, CA 90025-1398	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kambiz Kohani San Diego, CA 92121-3023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Kevin Lloyd Kohler Poway, CA 92064-4716	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Walter S Kohnke Templeton, CA 93465-4003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Derek John Kolander Fair Oaks, CA 95628-7172	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Theotokis Kolovos Culver City, CA 90232-2719	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Kevin Jiro Komatsu Los Angeles, CA 90064-2332	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>233</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Douglas O Kong San Jose, CA 95125-5114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Peter Chang Kono Palo Alto, CA 94301-2007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stanley W. Konrad San Mateo, CA 94403-2427	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Michael J Koppe Larkspur, CA 94939-1135	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. David H Korb San Jose, CA 95123-4739	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>234</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Lalitha Nanduri Kothuri Sunnyvale, CA 94087-3065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jack Hagop Koumjian Palo Alto, CA 94304-1513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Philip J Kroll Ventura, CA 93003-2915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Adrian G Krulewecki Santa Maria, CA 93454-1447	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jeffrey D Krupp San Jose, CA 95124-2663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>235</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Barton A Kubelka Los Alamitos, CA 90720-2378	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Thomas R Kuhn San Francisco, CA 94115-2702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Thomas G Kujawski San Diego, CA 92121-1703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Takashi Kumamoto Gardena, CA 90248-3819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Jayanth V. Kumar Sacramento, CA 95814-7402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>236</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Preeti Kumar Newark, CA 94560-5007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Daniel M Kunihiro Upland, CA 91786-5183	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Eddie Kuo Rohnert Park, CA 94928-2915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eric E Kuo San Francisco, CA 94123-4111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Ming Kuo San Francisco, CA 94134-1510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>237</u> of <u>1677</u>
NAME OF FILER		I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Bradley Ian Kuper-Smith San Mateo, CA 94401-3859	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yoko Kuramoto San Mateo, CA 94403-4406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nicole E Kuske Mission Viejo, CA 92691-2856	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Walter D. Kuzma Fairfield, CA 94534-7988	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Kyoung Whan Kwak Los Angeles, CA 90006-1080	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Myung Hoon Myoung Kwak Los Angeles, CA 90042-4120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John Y. Kwan Oakland, CA 94609-1359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Samuel S Kwok San Francisco, CA 94118-3000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Susie Choi Kwok San Diego, CA 92103-5703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ohjae Jae Kwon Perris, CA 92570-8837	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Anson Hoo Yin Kwong Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jeff B Kwong San Jose, CA 95128-1869	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kuy Eang Ky Stockton, CA 95209-1862	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sean T Ky Pasadena, CA 91101-2985	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Verock Sean Ky Kingsburg, CA 93631-2414	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>240</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Rodrigo A Lagos Palm Desert, CA 92211-6077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Chenyu Lai Diamond Bar, CA 91765-4150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. H Vincent Lai Castro Valley, CA 94546-5622	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James Lai Corona, CA 92881-7288	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Marc H. Lai San Francisco, CA 94104-1233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/9/2019	Dr. Merlin Lee Lai Sacramento, CA 95834-3768	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ross C Lai San Francisco, CA 94104-1233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yen-Tseng Lai San Leandro, CA 94577-4838	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Angela Laithangbam Santa Clara, CA 95050-5237	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Jennifer Kieu-Dung Lam Mountain View, CA 94043-1378	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/9/2019	Dr. Kelly B Lam Norco, CA 92860-3627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Natalie Lam Rancho Santa Fe, CA 92067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stacey Angel Lam San Jose, CA 95125-5101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert E Lamb Foster City, CA 94404-1293	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Brittany Lynn Lamoureux Agoura Hills, CA 91301-4232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>243</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Richard C Lane Petaluma, CA 94954-2391	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brian Craig Lange Chico, CA 95926-1808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Carolyn Langer Castro Valley, CA 94546-5432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Daniel Ethan Lapidus San Luis Obispo, CA 93401-4663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jamie LaPierre Rocklin, CA 95765-5874	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Marshall R Lapin Tarzana, CA 91356-6426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Surender Laroyia Long Beach, CA 90805-4712	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Michael Larson Yuba City, CA 95991-3453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jill Cohen Lasky Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Alan R Latta San Luis Obispo, CA 93401-2875	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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NAME OF FILER  
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I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Bart Lau San Francisco, CA 94116-3044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Gary Wing On Lau San Carlos, CA 94070-5000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kwok Lau Foster City, CA 94404-1293	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Clifton Neal Lauritzen Merced, CA 95340-3708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sanaz A. Lavasani Cupertino, CA 95014-3028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Jeffrey Ross Laveroni Gilroy, CA 95020-4738	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rosita Law El Cerrito, CA 94530-3663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven Lawson Oroville, CA 95966-5200	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Andy Q V Le San Leandro, CA 94578-1824	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Anh Kim Le San Jose, CA 95122-1934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>247</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Benjamin Bao Le Wilmington, CA 90744-1433	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bich Ngoc Le Long Beach, CA 90813-3510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Claudia Le San Diego, CA 92154-4734	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Fern Phuong Nhat Le Capitola, CA 95010-2058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hanh Hong Le Mountain View, CA 94043-1378	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Jeanelle D Le Sacramento, CA 95823-2711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Katrina Han Le Mountain View, CA 94040-3765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Linda Le Tracy, CA 95377-7335	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Linh Uyen Le Reseda, CA 91335-6611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael M Le Irvine, CA 92602-1880	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Nancy Le Sunnyvale, CA 94087-2458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Nathan Hien Le San Diego, CA 92105-1610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tiffani T Le San Jose, CA 95122-1844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vincent Le Santa Ana, CA 92706-2166	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert S Leach Healdsburg, CA 95448-3409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Kurt Marvin Leavitt Atascadero, CA 93422-3927	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Irving S Lebovics Los Angeles, CA 90048-5913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Mark Chevy Salvaleon Ledesma West Covina, CA 91791-1346	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brian Lee Fountain Valley, CA 92708-7304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bruce H Lee Portola, CA 96122-9609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Bryan K Lee Lincoln, CA 95648-7850	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Byong-Hwi Lee Santa Ana, CA 92704-5751	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Charles C Lee Escondido, CA 92025-3422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Danny Ik-Sung Lee West Covina, CA 91791-1345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Erwin J Lee Alhambra, CA 91803-3101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Fred Chih-Yung Lee Yorba Linda, CA 92886-1659	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Glenn W Lee San Jose, CA 95125-5114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Gun Lee Desert Hot Springs, CA 92240-3672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. H. Grace Lee Sunnyvale, CA 94087-1066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Heidi H Lee Santa Clara, CA 95054-2063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Heng-Tsang Tsang Lee Fountain Valley, CA 92708-7304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Henry S Lee San Francisco, CA 94133-4449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jacob Kun-Young Lee San Clemente, CA 92673-6253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jane Lee Thousand Oaks, CA 91360-8001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jocelyn Y Lee Union City, CA 94587-3975	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Jonathan D. Lee Thousand Oaks, CA 91360-4112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Judy Lee San Diego, CA 92130-6657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kathryn Lee San Francisco, CA 94122-1908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kerry Young Lee City Of Industry, CA 91748-1859	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Kyra S. Lee Piedmont, CA 94610-1048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>255</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Leland H. Lee Sacramento, CA 95816-5755	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Mike Myungwhan Lee Temecula, CA 92590-2696	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nancy Lee Burbank, CA 91505-4536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nancy Anna Mok Lee Benicia, CA 94510-2728	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Natasha Anne Lee San Francisco, CA 94122-2308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Patrick W Lee Irvine, CA 92606-5034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Paul Lee Antioch, CA 94531-8484	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Paul Chong Chan Lee West Covina, CA 91790-3410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Peter K Lee Sunnyvale, CA 94087-4868	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rebecca Lee Northridge, CA 91326-4120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>257</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Samuel S. Lee Orange, CA 92869-4356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Scott Mun-Tae Lee Fresno, CA 93704-2817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stephanie Pui Ning Lee Arcadia, CA 91007-1529	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tiffany Mae Lee Torrance, CA 90501-3203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Young J Lee Torrance, CA 90505-2017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>258</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Leyla Leeds Simi Valley, CA 93063-2266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Natalie Alexandra Lenser Modesto, CA 95355-1766	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Laura Leon Anaheim, CA 92805-6049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Darrick C Leong Concord, CA 94519-2834	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lawrence L Leong Brentwood, CA 94513-5262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>259</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Brian P. LeSage Beverly Hills, CA 90210-5016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Danny C. Leung Pleasant Hill, CA 94523-4650	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John Kim Fai Leung Burlingame, CA 94010-4096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Diane Jeanette Lew Sunnyvale, CA 94087-4300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dina A Lew Cerritos, CA 90703-5350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Michael W. Lew Vacaville, CA 95687-6639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Doug S Lewis Santa Rosa, CA 95403-7731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brian Edward Ley Placentia, CA 92870-1607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Cassy Yijia Li San Gabriel, CA 91776-1166	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Y Li Oakland, CA 94607-4224	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>261</u> of <u>1677</u>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Jinfu Li Dublin, CA 94568-7590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Billy Shih-Tsung Liang Chino, CA 91710-3195	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Carla Renee Lidner Corona Del Mar, CA 92625-2822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Susan Marie Liem Roseville, CA 95678-6974	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Carolyn C Light Newport Beach, CA 92660-7645	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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NAME OF FILER  
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1/9/2019	Dr. Alexander See Lim Antioch, CA 94531-8689	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Daniel Y Lim Los Angeles, CA 90020-2007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eugene Jongin Lim Los Angeles, CA 90005-3938	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gerald C H Lim Palm Desert, CA 92260-4120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Geraldine Lim Oakland, CA 94602-1242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Janet Lim Oakland, CA 94612-2824	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kamile Jureviciute Lim Livermore, CA 94550-4143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lester Bryan Lim Westminster, CA 92683-3995	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert Soo Lim Valencia, CA 91354-1701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tom S Lim Camarillo, CA 93012-5284	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Bill Shiu Lin Fountain Valley, CA 92708-3846	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Pao-Chuan Lin Arcadia, CA 91006-5277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Isaac Lin San Jose, CA 95128-5127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Marcus W Lin Union City, CA 94587-1220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael C Lin Laguna Beach, CA 92651-8136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>265</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Sherman Sen-Mao Lin San Diego, CA 92121-3743	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ying-Chu Lin Cupertino, CA 95014-3028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David P Lindbergh Simi Valley, CA 93065-4653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stephen C Lindblom Redwood City, CA 94062-1486	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lars Gustav Lindgren Los Osos, CA 93402-1203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Chris E Lindsey Palo Alto, CA 94301-2918	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Bryan Littlefield Chula Vista, CA 91914-4522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jesan Liu Sacramento, CA 95822-3517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Johnny Kai-Rong Liu Dublin, CA 94568-2911	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. May Wong Liu San Mateo, CA 94404-1040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Nelson Yunwai Liu Fremont, CA 94538-1456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Xiaosong Steven Liu San Francisco, CA 94108-1688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yi Chen Liu Santa Clara, CA 95050-5237	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Anthony R Lizano Danville, CA 94526-1731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jennifer Lo Salinas, CA 93901-3916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>268</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. David Loder Walnut Creek, CA 94596-5017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Rachel Lauren Lograsso Pacific Palisades, CA 90272-3109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael G Long Fresno, CA 93720-2408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Emiliana Esther Lopez San Francisco, CA 94115-2378	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Gerald Lopez Apple Valley, CA 92307-6197	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>269</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Weena Lopez Santa Ana, CA 92706-1123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Maria Lorente Irvine, CA 92620-1960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brock Lorenz Huntington Beach, CA 92648-5202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lawrence P Lorenzi Newport Beach, CA 92660-7705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Stephen Anthony Los Los Gatos, CA 95032-2053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>270</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Lawrence Paul Lotzof San Diego, CA 92117-4900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alexis Laine Louie San Diego, CA 92117-6634	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Edison C Louie Anaheim, CA 92807-4759	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Gregory Ken Louie Danville, CA 94526-1741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Monica Louie Oakland, CA 94609-3642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Quintin B Louie Walnut Creek, CA 94596-8606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Terence Louie Walnut Creek, CA 94596-8606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Charles C Low La Canada Flintridge, CA 91011-1474	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$170.00	\$170.00	
1/9/2019	Dr. Derrick Low Woodlake, CA 93286-1301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Howard B Low Sunnyvale, CA 94087-4300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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NAME OF FILER		I.D. Number
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1/9/2019	Dr. Lyndon S Low Stockton, CA 95207-5606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lawrence A Lowe Fresno, CA 93704-1848	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nelson Lowe Santa Ana, CA 92705-6505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kevin Chew Lu Rowland Heights, CA 91748-3005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael S Lucas Walnut Creek, CA 94598-3387	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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1/9/2019	Dr. Robert C Ludlow Modesto, CA 95355-3362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Ching Lue Cupertino, CA 95014-3018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Gregory R Lum Hayward, CA 94545-1519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Kenneth Gregory Lum San Ramon, CA 94583-4446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Lum San Diego, CA 92130-3062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period  
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I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Antonio Luna-Salguero Long Beach, CA 90807-3409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jeffrey James MA Sacramento, CA 95818-2539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Judy Hoa Ma Torrance, CA 90505-1903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Frank Xuong Mac San Diego, CA 92129-4166	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Donald H. MacDonald Ventura, CA 93003-2959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Dental Association Political Action Committee (CDA PAC)	I.D. Number 742855
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Gauri Madaan San Jose, CA 95119-1431	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Arjomand A Madadshahi Encino, CA 91436-4006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nina Niloofar Madavi Santa Barbara, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Huey Pierce Madison II Oakland, CA 94602-2210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Miles Madison Beverly Hills, CA 90212-4815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Dale Winters Madsen Chico, CA 95926-1542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Timothy A Magnuson Arnold, CA 95223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark R Maher Walnut Creek, CA 94596-5214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Madeline Majer Placerville, CA 95667-4220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David William Majeroni Alamo, CA 94507-1980	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/9/2019	Dr. Mustafa A Makati San Bernardino, CA 92405-3207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Holley Gonder Malchow Folsom, CA 95630-6443	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Karim Malek San Jose, CA 95123-5403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Moody Wassef Malek Salinas, CA 93906-3056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Craig John Malin Carlsbad, CA 92008-1958	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Kamelia Khalil Mallak Long Beach, CA 90804-4101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christo George Mallakis Escondido, CA 92025-4605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Varun Reddy Mallela Fresno, CA 93710-8332	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Jasjeet S Malli Tulare, CA 93274-4138	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alan R Malouf San Francisco, CA 94108-3905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Michael Mamaliger Encino, CA 91316-3738	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Araceli Manese Mandi Burbank, CA 91506-1838	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stephen Francis Mann La Mesa, CA 91942-1334	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. William Mannion Redwood Valley, CA 95470-9629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Adina Manolescu San Diego, CA 92120-2306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>280</u> of <u>1677</u>
NAME OF FILER		I.D. Number
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1/9/2019	Dr. Mark Ohan Manoukian Greenbrae, CA 94904-2024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Laura Manuel Long Beach, CA 90803-3959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Aileen Velarde Manzano Vacaville, CA 95687-6345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. You-Qun Mao Milpitas, CA 95035-7915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Denise Yaqing Mar Sacramento, CA 95823-2711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>281</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Christopher B. Marchack Pasadena, CA 91101-2506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Baldwin W Marchack MBA Pasadena, CA 91101-2506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Roderick Von Possell Marchan Milpitas, CA 95035-4833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vincent M Mardesich San Pedro, CA 90732-3590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Barry Margolis Sherman Oaks, CA 91423-1237	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/9/2019	Dr. Claudiu Marin Corte Madera, CA 94925-1737	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Macy S Marine Northridge, CA 91324-5514	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Roland Markarian Lancaster, CA 93535	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Melvin G Markham Twin Peaks, CA 92391-2010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Clifford Owen Marks Campbell, CA 95008-0519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period  
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1/9/2019	Dr. Gregory G Maroni Sacramento, CA 95831-3465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Raffi John Maronian Canoga Park, CA 91304-2344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John W Marsh Carpinteria, CA 93013-1446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brandon Martin Rocklin, CA 95677-2687	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Daniel C Martin Truckee, CA 96161-4108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Arianna Gesuri Martinez Fullerton, CA 92832-1620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Richard Thomas Masek San Diego, CA 92119-2001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Charles J Maseredjian Jr. Burbank, CA 91505-4327	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Ferras Mashtoub Encino, CA 91316-1410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Claudia Marcel Masouredis San Francisco, CA 94127-1234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Tom Massarat Chula Vista, CA 91914-4552	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bruce A Massee Bakersfield, CA 93301-2803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Rosa Mathai Mathai San Francisco, CA 94102-5166	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Fariborz Matian Woodland Hills, CA 91364-2689	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert Nicholas Matiasevich Jr. Santa Cruz, CA 95065-1526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>286</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. George S. Matosian La Mesa, CA 91942-3047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. C Janice Matsuyama Rolling Hills Estates, CA 90274-4825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James R Mattingly V Walnut Creek, CA 94598-3029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Paul K Mayberry Ridgecrest, CA 93555-3105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Gloria Luz Mayora-Mejia La Mesa, CA 91942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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NAME OF FILER  
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I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Maria Pura Mayor-Chico Cypress, CA 90630-3160	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Afshin Mazdeyasnan Northridge, CA 91325-4283	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Daniel Mazza Winters, CA 95694-1729	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Elyse M McAninch Nipomo, CA 93444-9123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stephen J McAuliff Visalia, CA 93291-5820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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NAME OF FILER  
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I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Michael J McCartney Tustin, CA 92780-3423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Jeffrey David McComb Sacramento, CA 95841-5403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ruth Candy T. McComb Sacramento, CA 95841-5403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Laura Annabella McCormack Irvine, CA 92606-3132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alex Robert McDonald Oakland, CA 94609-3123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Rabee McDonald Escondido, CA 92025-4605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gregory A McElroy Encinitas, CA 92024-2474	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John Patrick McFarlane Los Altos, CA 94022-4805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thomas Scott McGalliard Palm Desert, CA 92260-2843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Grant Benson McGann San Diego, CA 92123-2791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	03/31/2019	Page <u>290</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Cecilia Jaime McKee Arcadia, CA 91006-6690	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Harold Charles McKelvey Twain Harte, CA 95383-9405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. David L McKenna Palo Alto, CA 94306-1054	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Jerry McKim Pleasanton, CA 94566-5663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Richard P McLaughlin San Diego, CA 92106-6152	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
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1/9/2019	Dr. Chris A McLean Fullerton, CA 92831-3852	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Michael Steven McMahan Oceanside, CA 92054-6190	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joseph Clarence McMurray Gilroy, CA 95020-7802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joseph L McQuirter Culver City, CA 90230-6409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Warren R McWilliams III Sacramento, CA 95825-6316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Robert W Meckstroth Santa Ana, CA 92705-3501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Eric Warner Mee Redlands, CA 92373-5232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James Martin Meeks Ladera Ranch, CA 92694-1154	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kenneth W Meirovitz Hayward, CA 94541-3020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Douglas E Melgar San Pablo, CA 94806-3602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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from	01/01/2019	
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NAME OF FILER		I.D. Number
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1/9/2019	Dr. Shamiram Melko Mountain View, CA 94040-2649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Philip R Melnick Los Alamitos, CA 90720-3502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Sonia Rahman Mendez South San Francisco, CA 94080-1393	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shirley Daughters Mercer Rancho Cucamonga, CA 91730-1300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Thomas William Mercer Rancho Cucamonga, CA 91730-1300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Craig R Merrihew Riverside, CA 92507-6323	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Vahik Meserkhani Glendale, CA 91205-4912	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Edward Mark Mikowicz Lompoc, CA 93436-6904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. David Geoffrey Milder Del Mar, CA 92014-2934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$15.00	
1/9/2019	Dr. Daniel S Miller Huntington Beach, CA 92647-3098	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Douglas Hubert Miller Burlingame, CA 94010-3124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark W Miller Antioch, CA 94531-7431	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Matthew Aaron Miller San Jose, CA 95128-4806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yaron Miller Vista, CA 92084-6042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Randolph P Mills El Cajon, CA 92021-5463	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>296</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Derek Aung Min Azusa, CA 91702-5868	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Min Ontario, CA 91764-2603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Daniel Mingrone Palo Alto, CA 94306-2548	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Michael D Minnich San Diego, CA 92117-5464	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eric William Mintzer North Hollywood, CA 91606-3213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>297</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Marjan Mirani Beverly Hills, CA 90212-2263	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sean Mirfendereski Newport Beach, CA 92660-5437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Babak Mirmarashi Los Angeles, CA 90024-4001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ranu Mahavir Mishra Merced, CA 95348-2847	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Donald M Missirlian San Francisco, CA 94102-1113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Kimberly D Mitchell-Sorensen San Francisco, CA 94102-1412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kurt David Mitchler Windsor, CA 95492-9204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ronald S Mito Los Angeles, CA 90095-0001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Roy Y Miyamoto Temecula, CA 92591-5286	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven Akira Miyamoto Fullerton, CA 92832-1856	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>299</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Linda Kajisa Miyatake San Mateo, CA 94401-2761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christopher L Mjelde Santa Barbara, CA 93105-5516	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Louis Mo Burbank, CA 91501-2171	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Anthony A Mobasser Los Angeles, CA 90069-3707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Daniel Afshin Mobati Berkeley, CA 94704-2803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>300</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Hiteshkumar M Modi Modesto, CA 95351-5080	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Karan Nitin Mody San Jose, CA 95128-1400	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tiffany Chan Mody San Jose, CA 95128-1400	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Maria Moeckel San Diego, CA 92126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jackson Reza Moezi Vacaville, CA 95687-3542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. John M Moffat Woodland Hills, CA 91364-1127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Azita Moghaddam Sacramento, CA 95825-8338	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Saeed Mokhayeri Fullerton, CA 92831-1709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sonia Elizabeth Molina Downey, CA 90241-3662	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Matthew Leo Molitor Davis, CA 95616-1004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>302</u> of <u>1677</u>
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NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Lynda Ann Molstad Sun City, CA 92586-6542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jairo M Molta Fresno, CA 93710-5217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Francisco Mondragon Bonita, CA 91902-2444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ahmed A Moneim Los Gatos, CA 95032-4407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stephanie Danielle Moniz Oakland, CA 94609-2009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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1/9/2019	Dr. Lawryn Ask Monterroso Porterville, CA 93257-3218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Ryan Joseph Monti Valencia, CA 91355-6050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Maia Mercedes Montoya Los Angeles, CA 90018-3321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Manmeet Kaur Bala Moody Berkeley, CA 94705-2119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Esther J Moon San Jose, CA 95120-5404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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1/9/2019	Dr. Priyanka Moonka San Ramon, CA 94583-3960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Dwight Moore Jr San Mateo, CA 94401-2672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gene P Moore San Diego, CA 92114-3612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. William W Moore Albany, CA 94706-1832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Alexander Moqattash Rancho Cucamonga, CA 91730-3684	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. L. Morgan Moranda Palm Desert, CA 92260-3825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lourdes Moreno Compton, CA 90222-1102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Daniel Morgan San Bernardino, CA 92408-3244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kristen Jean Morgan Tahoe City, CA 96145	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gary T Mori Culver City, CA 90232-3610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Dental Association Political Action Committee (CDA PAC)

I.D. Number

742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. William D Morrice Antioch, CA 94509-4959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James Bradley Morris Walnut Creek, CA 94596-3817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Pauline Sarah Moshfegh Beverly Hills, CA 90210-3213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Gary W Moss San Jose, CA 95125-5105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Philip M Mottola West Hills, CA 91304-3038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>307</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Sam M Mouchamel Burbank, CA 91504-4236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rajini R. Moudgalya Fullerton, CA 92832-2753	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alaa Ali Amin Moustafa Watsonville, CA 95076-6055	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert W. Mower Valencia, CA 91355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Richard Scott Mowry Chula Vista, CA 91910-7865	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Amir Amir Mozafari San Clemente, CA 92673-6311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Cyrus Kourosh Mozayan Santa Cruz, CA 95065-1827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kathy I Mueller San Francisco, CA 94108-4012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Stanley L Muentner Atascadero, CA 93422-2700	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bruce G Muff Auburn, CA 95603-3853	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Eric Scott Muff Auburn, CA 95603-3853	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. James Ronald Muff Chico, CA 95973-1114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Arthur Muff Chico, CA 95973-1114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dawud Abdul Muhaimin Vacaville, CA 95687-4732	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shirin A. Mullen Sunnyvale, CA 94086-5320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	03/31/2019	Page <u>310</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Thomas W Mullen Redding, CA 96002-0119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James B Munce San Diego, CA 92110-2632	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Esmeralda Munoz Monterey, CA 93940-6113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Randy Hiroshi Murakami Los Gatos, CA 95032-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kris Mariko Murakawa Alhambra, CA 91801-4710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Mary Masako Murakawa Los Angeles, CA 90045-3906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Timothy Murasko Vista, CA 92081-8788	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Anamaria Muresan Newport Beach, CA 92660-2015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Irwan H Murni Fresno, CA 93722-3471	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dolores E Murphy San Francisco, CA 94132-1912	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Jeffrey C Murphy Glendora, CA 91740-6090	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Reolina Muskat Santa Clara, CA 95051-5744	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christopher Roger Myers Sacramento, CA 95816-5114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Unes Nabipour Oakland, CA 94609-3405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mariam Nadi Torrance, CA 90505-5360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Jennifer Nagano-Heckman Whittier, CA 90601-3118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stephen H Nagle Petaluma, CA 94952-4011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Martin S Nahigian Fresno, CA 93711-3503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Premal N. Naik Moreno Valley, CA 92553-3701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Odet Najarian Toluca Lake, CA 91602-2313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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NAME OF FILER		I.D. Number
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1/9/2019	Dr. Darin Kei Nakamura Stockton, CA 95219-1757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kay Nakamura Culver City, CA 90232-3690	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stanley Hideo Nakamura La Jolla, CA 92037-4208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jonathan K Nakano Thousand Oaks, CA 91360-6083	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ronald A Nakano Santa Clara, CA 95051-5744	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Bruce Nakashian Fresno, CA 93704-2511	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark Nakhla San Ramon, CA 94583-1659	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Todd H Nalley Carlsbad, CA 92008-1958	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Tandis Namvar-Nami Los Angeles, CA 90064-2742	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Grace Nantale Escondido, CA 92025-6428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Sapna S Narang Berkeley, CA 94702-1015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Preeti V. Nare Suisun City, CA 94585-2401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Svetlana Naret San Jose, CA 95123-3010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Minakshi Narula Rancho Mirage, CA 92270-4826	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brandon L Nash Stockton, CA 95207-5848	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>317</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Amitiss Nasiri-Ansari Santa Ana, CA 92704-7095	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Crystal Rita Nassar Madera, CA 93637-5748	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Firas Nassif Roseville, CA 95747-5887	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Maryam Nassiri Antioch, CA 94531-8689	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sepehr Nassiripour Los Angeles, CA 90041-1184	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Aneel Nath Elk Grove, CA 95758-8072	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ranjivendra Nath Pasadena, CA 91107-3554	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Maryam Navab Encino, CA 91436-1932	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Marilou David Navarro San Jose, CA 95133-1942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nadia Navid Petaluma, CA 94952-2719	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Mehran Setayesh Nazar San Jose, CA 95129-3068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Saman Nazarian Los Angeles, CA 90035-1724	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kamyar Negari Los Gatos, CA 95032-2002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nancy Nehawandian Los Gatos, CA 95032-4465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stephen Wayne Nelson San Mateo, CA 94401-2672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Steven R Nelson Temecula, CA 92590-3331	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	(\$115.00)	(\$115.00)	
1/9/2019	Dr. A Lee Neuenschwander Santa Barbara, CA 93103-4229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Donavon Ray Neufeld Turlock, CA 95382-2405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Charles N Newens Carmichael, CA 95608-2955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kristin L Newsom Atascadero, CA 93422-2577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Linda Lien Ng Arcadia, CA 91007-8410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Scott Ngai Santa Clara, CA 95050-5600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Huy Ngo San Jose, CA 95112-2611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tam Thanh Ngo Westminster, CA 92683-6713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tracy Ngo Chino, CA 91710-2604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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NAME OF FILER  
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742855

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1/9/2019	Dr. Anthony N Nguyen Corona, CA 92879-6532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Baokhanh Nguyen San Jose, CA 95116-1397	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brandon Thong Nguyen Long Beach, CA 90813-5516	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Cang Hoang Nguyen Rosemead, CA 91770-2579	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Cao T Nguyen San Jose, CA 95112-2608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period  
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NAME OF FILER  
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1/9/2019	Dr. Cuong Nguyen Monterey Park, CA 91755-1463	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Dean V Nguyen San Diego, CA 92104-2602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Diem-Trinh Maria Nguyen Stanton, CA 90680-3924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Duc Hoang Nguyen Turlock, CA 95380-4546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dung Ly Nguyen San Diego, CA 92115-4995	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
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1/9/2019	Dr. Eriq Francis-Quan Nguyen Tustin, CA 92782-0221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. George Khoa Nguyen Corona, CA 92883-4008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hannah Maihuong Nguyen Garden Grove, CA 92844-2725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Henry M Nguyen Fontana, CA 92336-0233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hoang-Maxx Minh Nguyen Woodland, CA 95695-3202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period  
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1/9/2019	Dr. Hop Trung Nguyen Los Angeles, CA 90028-8012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Hung Khai Nguyen San Diego, CA 92115-4557	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joe Ninh Thuan Nguyen Poway, CA 92064-4321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jonathan Chuong Le Nguyen San Diego, CA 92115-4390	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kevin Tien Nguyen Santa Rosa, CA 95403-2214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Khang Cong Nguyen Merced, CA 95340-1001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Khuong H Nguyen San Diego, CA 92123-3354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lankhanh Dinh Nguyen Livermore, CA 94551-8893	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lehoa Nguyen San Jose, CA 95116-1602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lieu Kim Nguyen Long Beach, CA 90813-3709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Lisa P Nguyen Sunnyvale, CA 94087-3065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Manuel Nguyen Westminster, CA 92683-8339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Minh Bich Nguyen Rocklin, CA 95765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Oanh Thuyhoang Nguyen San Jose, CA 95116-1406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Paul N T Nguyen Irvine, CA 92604-3334	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Phuongha L Nguyen San Jose, CA 95125-2142	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shaelee Thuyle Nguyen San Jose, CA 95122-1801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven T. Nguyen Murrieta, CA 92562-5974	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tammy Thi Nguyen San Jose, CA 95138-1529	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thachtu Le Nguyen San Jose, CA 95122-2669	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Thien Chan Nguyen Los Angeles, CA 90026-2127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thomas Nguyen Long Beach, CA 90806-4958	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thu Xuan Nguyen Sunnyvale, CA 94087-1020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thuy-Mai Nguyen Milpitas, CA 95035-6977	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tram T Nguyen San Jose, CA 95122-4408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Trang M Nguyen Rosemead, CA 91770-1922	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Truong Xuan Nguyen Hayward, CA 94541-5122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tuan H Nguyen San Jose, CA 95133-1309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Tuong H Nguyen San Jose, CA 95116-1915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Valerie Dao Nguyen Garden Grove, CA 92841-4929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Victoria L. L. Nguyen Tustin, CA 92780-3400	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nancy Kim Nguyen-Kyger Carlsbad, CA 92009-8450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thanh Quynh Nguyen-Vu San Gabriel, CA 91776-3978	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jeffrey Allen Nichelini American Canyon, CA 94503-1261	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thomas Andrew Nichol Millbrae, CA 94030-1259	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/9/2019	Dr. David C Niebergall Malibu, CA 90265-3949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Steven J Niethamer Palm Springs, CA 92262-7962	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Kevin Tadashi Nii Fresno, CA 93710-5284	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Marna M Nii Clovis, CA 93612-4749	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Scott T Nii Fresno, CA 93710-5023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Nivedita Nijhawan Fresno, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dalia Niknam Los Alamitos, CA 90720-3189	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Diane T Niles Santa Rosa, CA 95405-6617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dee Christiaan Nishimine Fresno, CA 93720-2606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kyle T Nishimura Villa Park, CA 92867-5344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Don T Niu Irvine, CA 92618-3177	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Daniel Nobel Santa Barbara, CA 93105-5521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Warden H Noble San Francisco, CA 94103-2919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Carlos J Nogueiro San Francisco, CA 94110-2415	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sean Nolan Santa Maria, CA 93454-7879	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Amir Mehdi Noori- Esfandiari Huntington Beach, CA 92649-2458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shahab Noorvash Corona, CA 92881-3147	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sepideh Noroozi South Gate, CA 90280-3129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Olena Norris Bakersfield, CA 93309-7087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hormoz Nourian Woodland Hills, CA 91364-0810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Dennis P. Nutter Fairfield, CA 94534-7994	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Steven D Nytko Kentfield, CA 94904-1588	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eric Russell Oakley Yuba City, CA 95991-4144	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gianmarco O'Brien Orange, CA 92868-4227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Therese Lynn O'Brien Sacramento, CA 95816-5025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Igor Ochev San Rafael, CA 94903-3432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lane Ochi Beverly Hills, CA 90211-1789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Claudia O'Connor Fountain Valley, CA 92708-4007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joseph L. O'Connor Fountain Valley, CA 92708-4007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mary Mildred O'Connor San Diego, CA 92103-5859	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Celia Ponce Octoman Los Angeles, CA 90057-2417	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lauren T Odone Montebello, CA 90640-1540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lindsey Marie O'Farriell Saratoga, CA 95070-4156	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Frank H Ogata Cerritos, CA 90703-7309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Saewon S Oh Los Angeles, CA 90019-2285	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Jack C Ohanesian Fresno, CA 93726-0522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sako Ohanesian Anaheim, CA 92808-2265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stephen O'Hara Fresno, CA 93720-2412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Priyal N Ohri Orange, CA 92868-3929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David H Okawachi Anaheim, CA 92801-1816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Jennifer Kiku Oliveira Santa Monica, CA 90404-2047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Micah M. Oller Milpitas, CA 95035-5453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Phillip W Olrich Oakland, CA 94609-2510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Michelle Claudette Olsen Atherton, CA 94027-3802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dorel Onea Sacramento, CA 95814-1951	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Emma Chioma Onwuka Pasadena, CA 91107-3682	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ronaldo Opinga Lodi, CA 95240-4266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stanley Miguel Ordonez Jackson, CA 95642-9328	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Louis M Orimo Stockton, CA 95207-5247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Cecilia Ester Ortega Fremont, CA 94538-2926	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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1/9/2019	Dr. L. Cary Orton San Diego, CA 92128-2427	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Osborn Long Beach, CA 90807-3717	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. G Robert Osborn Bakersfield, CA 93309-0692	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kevin C Osborn Palm Springs, CA 92262-2390	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark Evan Oseas Torrance, CA 90505-6566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Gerret W Osendorf Santa Rosa, CA 95409-4248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John Anthony Oshetski Elk Grove, CA 95758-7832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stephen Walter Ostwald San Francisco, CA 94115-3043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Blair G Ota Irvine, CA 92620-1815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Roger J Ota Berkeley, CA 94709-2130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Garo Ourfalian Tarzana, CA 91356-6648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark M Ozaki La Mirada, CA 90638-1950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joseph L Packer Encinitas, CA 92024-2473	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ellen M Pacleb Albany, CA 94706-1825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sujatha Annadurai Padavettan Brentwood, CA 94513-1507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Essence Kai Page Los Angeles, CA 90015-1602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alex E Pagonis Cupertino, CA 95014-3238	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nicole E Pagonis Los Gatos, CA 95032-2053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nidhi Akash Pai Palo Alto, CA 94306-1559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Minsik Pak San Francisco, CA 94132-1925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Farid Pakravan Los Angeles, CA 90007-2298	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mary Yuee Pan Dublin, CA 94568-2413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rong Pan San Jose, CA 95129-5014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brooke Pancer Seal Beach, CA 90740-5368	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rushi Y Panchal Hanford, CA 93230-3817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Deepa Pandian Los Angeles, CA 90025-8308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Leland R. Panec Mountain View, CA 94040-3765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Allan Yu-Ming Pang San Jose, CA 95131-1777	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dorothy Tze Yan Pang San Francisco, CA 94116-2428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Seokjoon Pang Walnut Creek, CA 94597-7820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Navjyot Panjrath Sunnyvale, CA 94087-1979	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Cristian Ioan Panoff Parlier, CA 93648-9636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dana E Panoff Clovis, CA 93611-4044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Daniel Oscar Panoff Parlier, CA 93648-9636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael R Panzer Stockton, CA 95207-3864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Saghi Parham Beverly Hills, CA 90212-2108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sachee Parikh Mill Valley, CA 94941-2759	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Marie Parisek Tracy, CA 95376-3736	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Charles Chan-Eung Park Orange, CA 92865-1928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dawnelle Hope Park Torrance, CA 90505-1925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Gene HyoungJin Park Garden Grove, CA 92844-1400	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sohyun Park San Francisco, CA 94108-4203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sungjin James Park Fullerton, CA 92835-2786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Won Sur Park San Pedro, CA 90731-3115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Janice Young Park-Kim Irvine, CA 92602-2476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Robert Scott Parminter Whittier, CA 90605-1711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Richard K Parris Orange, CA 92865-1909	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Rym Cunningham Partridge Santa Cruz, CA 95060-6424	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Alan Partrite Danville, CA 94526-1741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alpesh Kantilal Patel Bloomington, CA 92316-3908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	03/31/2019	Page <u>352</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/9/2019	Dr. Krutav Patel Claremont, CA 91711-4611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mandeep Dilip Patel Pomona, CA 91768	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Namrata C Patel San Francisco, CA 94108-4910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Pankaj Kalabhai Patel Tracy, CA 95304-8119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rakesh Paresh Patel Chino, CA 91710-4151	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>353</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Rakesh R Patel Corona, CA 92879-3507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rita Sanjay Patel Pittsburg, CA 94565-4304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shailesh K Patel Salida, CA 95368-9313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shital C Patel Corona, CA 92879-3507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Uma M Patel Fremont, CA 94538-1054	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Vaishali Chirag Patel Wilmington, CA 90744-5405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vijay B Patel Claremont, CA 91711-3512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vikas Dashrathlal Patel Orange, CA 92865-4604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tahir R. Paul Escondido, CA 92025-6428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Marcus A Paulson Redlands, CA 92373-5201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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from	01/01/2019	
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1/9/2019	Dr. Azadeh Etemadi Paydar Riverside, CA 92506-2525	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Azita Paydar Riverside, CA 92506-2525	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sarmad Paydar Roseville, CA 95661-3408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Jeffrey Christopher Payne Stockton, CA 95207-4235	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Robert A. Pearce Richmond, CA 94801-3953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Joshua Ryan Pegel San Diego, CA 92121-1017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Terence B Pegel San Diego, CA 92121-1017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Yana Pekarski Sonora, CA 95370-6210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Charles C Pelletier Huntington Beach, CA 92647-2656	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Roberto Limcaoco Pena Newhall, CA 91321-2718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Teodoro Pena San Diego, CA 92117-1545	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Jeffrey Richard Pene Newport Beach, CA 92660-7705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tracy Noel Pene Irvine, CA 92612-2729	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Wan Peng El Cajon, CA 92021-5008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alfred Penhaskashi Encino, CA 91316-2822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Steven E Penn Davis, CA 95616-1073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Timothy Mark Pentecost Eureka, CA 95501-3206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Melanie Martinez Perea-Corkish San Francisco, CA 94109-4582	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eric A. Perez Napa, CA 94559-2415	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$140.10	\$145.00	
1/9/2019	Dr. Michael Perona San Francisco, CA 94105-1750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>359</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. F Davis Perry Temecula, CA 92591-5286	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. McKell William Perry Novato, CA 94945-1218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Monte F Person Fresno, CA 93704-1850	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Gregory Brian Peters Riverside, CA 92509-6047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert E Peters Riverside, CA 92509-6047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Thomas G Peters Los Gatos, CA 95032-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. David B Peterson Bakersfield, CA 93312-2141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jerome N Peterson Irvine, CA 92606-5034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Gus Charles Petras Redding, CA 96002-1848	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Jeffrey J Petron Ventura, CA 93004-3506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>361</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Arman Petrosyan San Fernando, CA 91340-1662	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alex Ahmad Pezeshkian Cypress, CA 90630-3966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hien N Pham Clovis, CA 93612-4717	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jimmy Bao Pham Corona, CA 92883-0789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kimberly N Pham Lakewood, CA 90713-1058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>362</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Mary Regina Pham Placentia, CA 92870-3763	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Pauline B Pham Corona, CA 92883-0789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Taylor Thanh Pham La Palma, CA 90623-1849	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thanh Kim Pham San Bernardino, CA 92404-4851	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sharon Phamduong Torrance, CA 90503-4592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Dental Association Political Action Committee (CDA PAC)	I.D. Number 742855
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Diane Phan Fontana, CA 92335-3576	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jason Phan Torrance, CA 90505-4785	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tarchya Phuong Phan Corona, CA 92879-3501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Patricia Hiep Chan Phan-Underhill Los Gatos, CA 95032-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sheena Hong Phan-Wu San Mateo, CA 94403-1861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>364</u> of <u>1677</u>
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1/9/2019	Dr. Alfred Phen Red Bluff, CA 96080-2757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Justin D Phillips Santa Rosa, CA 95403-2779	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Clifford M Phipps Tustin, CA 92780-3424	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Debby Ann Piccolotti Sausalito, CA 94965-2304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bryan Pierce Truckee, CA 96161-4907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. John Brandon Pierce San Diego, CA 92129-2685	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Alexander B Pijpaert San Diego, CA 92124-4012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John Courtney Platts Hemet, CA 92543-4243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven Podstreleny Poway, CA 92064-2059	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ana Valeria Poggio Chula Vista, CA 91914-3551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
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1/9/2019	Dr. Maynard Oliver Pogue Corona, CA 92881-3175	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Steven Pollack Camarillo, CA 93010-1477	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hema M Pombra San Bruno, CA 94066-1303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Curtis Patrick Pon Elk Grove, CA 95758-4149	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alan Poon Sunnyvale, CA 94087-1934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
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1/9/2019	Dr. Danny D Poore Rancho Cucamonga, CA 91730-4850	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Scott Howard Pope Walnut Creek, CA 94596-4913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dorina Popescu Studio City, CA 91604-1552	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Curt P. Posey Fresno, CA 93720-8023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Karen Suzanne Potter San Clemente, CA 92673-2841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>368</u> of <u>1677</u>
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1/9/2019	Dr. Jill E Poulos Cambria, CA 93428-2101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Preethi A. Poulouse Redwood City, CA 94065-1925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Manouchehr Pouresmail Paso Robles, CA 93446-3755	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mastaneh Pournaderi Salinas, CA 93906-2827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Krishnaswamy Satya Prasad Whittier, CA 90606-3340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Dennis A Prat Oakland, CA 94611-4738	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John E. Pratte La Canada, CA 91011-2134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Craig Preston Castro Valley, CA 94546-5432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jordan D Prieto Clovis, CA 93611-4209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Harmon D Probst Livermore, CA 94550-4148	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Perrisofian Putrasahan Cathedral City, CA 92234-4866	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Cherine K. Quan Monterey Park, CA 91754-7220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Phuong Ngoc Quang Oakland, CA 94609-3642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brian Thomas Quesnell San Diego, CA 92103-1808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Leslie Grace Catalan Quijano Glendale, CA 91204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Lisa R Quinn Fresno, CA 93710-5273	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Marilou Dizon Quiroz Chula Vista, CA 91913-1893	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stephen Michael Quon Garden Grove, CA 92840-1937	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jorg-Peter Rabanus San Francisco, CA 94105-1576	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Maria A Racelis San Pablo, CA 94806-3947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Troy R. Racki Redding, CA 96002-1043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Joseph Raffo Capitola, CA 95010-2041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Karthik B. Raghuraman Sacramento, CA 95811-3120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Amirali Rahmatian Berkeley, CA 94705-2120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Houman Rahnama Laguna Niguel, CA 92677-1577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/9/2019	Dr. David M Rainero Walnut Creek, CA 94596-5298	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lauren Yasuda Rainey Berkeley, CA 94705-2205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brooke Kondo Rains Watsonville, CA 95076-3077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ramya Ramamurthy San Jose, CA 95133-1902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Edwin Pineda Ramirez Delano, CA 93215-1713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Jennifer A. Ramirez Chino, CA 91710-5442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Katalina Ramirez Redwood City, CA 94065-5228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alphonse-Leander Ramos Chico, CA 95973-7232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jann Manantan Ramos San Diego, CA 92117-4900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ma Theresa Manlapaz Ramos Upland, CA 91784-9180	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>375</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/9/2019	Dr. Arvind S Rana Pico Rivera, CA 90660-2746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ingrid Rangel-Scoble Westlake Village, CA 91362-5296	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michelle J. Rappeport Santa Monica, CA 90403-5406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Azin Rashidi Stevenson Ranch, CA 91381-1148	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Andrew Rastegar Cathedral City, CA 92234-1877	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>376</u> of <u>1677</u>
NAME OF FILER		I.D. Number
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1/9/2019	Dr. Sanford L Ratner Santa Ana, CA 92705-3555	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Timothy Charles Rauch Hollister, CA 95023-5638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James C Rawlings Stockton, CA 95207-5257	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. B Michael Rawlins Citrus Heights, CA 95610-7790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joseph T Rawlins El Dorado Hills, CA 95762-7137	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Garry Anthony Rayant San Francisco, CA 94123-4811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$0.00	
1/9/2019	Dr. Mehran A Raza Escondido, CA 92025-3440	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ramdeepak N Reddy Temecula, CA 92591-5511	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stephen Lisle Reddy Salinas, CA 93906-5287	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Barry S Reder Oceanside, CA 92056-4509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Lyssa Reed Yuba City, CA 95991-3500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ivan Delano Rees Loma Linda, CA 92354-3110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Abbas Refaee Santa Cruz, CA 95060-3611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jane Refela Burbank, CA 91501-2874	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Justin Leroy Reich Elk Grove, CA 95624-2044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$141.67	\$145.00	

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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Robin Lynn Reisz Fresno, CA 93720-3313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Apolinar Dupaya Relos San Francisco, CA 94110-2477	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. William Martin Reuss IV Anderson, CA 96007-4337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jason Kenji Reyda Rohnert Park, CA 94928-2931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ali Allen Rezai Oakland, CA 94609-2823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$195.00	\$195.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>380</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Christine Soojung Rhee La Jolla, CA 92037-2726	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Timothy Key young Rhee Yorba Linda, CA 92886-2864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Reza Riahi Palo Alto, CA 94301-2918	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Camilo Riano San Francisco, CA 94102-6042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tanveer Singh Riar Bakersfield, CA 93309-4706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>381</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Darren L Rich Exeter, CA 93221-1814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark Alan Richardson Bakersfield, CA 93309-0657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael R. Ricupito Fremont, CA 94539-3113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Wayne L Riggert Citrus Heights, CA 95610-7790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark F Rindge Los Gatos, CA 95032-2563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Angelina D. Ring Napa, CA 94558-2414	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Andrea Michelle Riordan Lincoln, CA 95648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sandra Liliana Rios Oceanside, CA 92054-2808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jose Adalberto Rios Loaiza Fullerton, CA 92832-1620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Raymond J Rishwain Stockton, CA 95205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>383</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Kirsten J. Rittenbach San Francisco, CA 94118-2407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Kristen Ritzau San Clemente, CA 92672-4039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Donald A Ritzman Woodbridge, CA 95258-9258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Lilia H Rivas South Gate, CA 90280-4144	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$72.50	\$145.00	
1/9/2019	Dr. Joanne Puno Rivera American Canyon, CA 94503-1181	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>384</u> of <u>1677</u>
		I.D. Number 742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Ramona Pandher Rivera Fair Oaks, CA 95628-7042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark E Rizzolo Stockton, CA 95207-6213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gerald Merle Roberts Jr Cameron Park, CA 95682-9662	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John Charles Robinson Santa Rosa, CA 95409-5372	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Loeta Robles Chico, CA 95928-8352	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 385 of 1677
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Mojdeh Roboubi Santa Ana, CA 92705-3916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ray Rodig Modesto, CA 95356-0681	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Maria Elena Rodriguez Torrance, CA 90505-4760	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Raymond Garcia Rodriguez Los Banos, CA 93635-4801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alberto Rodriguez-Cruz La Quinta, CA 92253-7243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>386</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Guillermo Rodriguez-McCann Healdsburg, CA 95448-3387	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert C Rodriquez Monterey, CA 93940-4515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christian Carter Rohde Greenbrae, CA 94904-2024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thomas J Rolfes Costa Mesa, CA 92626-3752	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Michael Earl Roling Covina, CA 91723-1906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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1/9/2019	Dr. Pedro Alejandro Romero La Canada Flintridge, CA 91011-3438	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tinou Tran Roncone Fallbrook, CA 92028-4155	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tane T. Rontal Brentwood, CA 94513-4927	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jatinder Pal Singh Rooprai Woodland, CA 95695-2996	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James L Rore Stockton, CA 95207-7638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/9/2019	Dr. Luz Adriana Rosato Campbell, CA 95008-2891	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Diana Theresa Rose Danville, CA 94506-4902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ari Rosenblatt Beverly Hills, CA 90210-4710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Jack Avan Rosenson San Diego, CA 92130-5665	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Carl Rodney Rosland Los Gatos, CA 95030-7220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/9/2019	Dr. Ture Dane Roslund Placerville, CA 95667-5653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Aaron Bertrand Rouleau Mountain View, CA 94040-2569	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bert D Rouleau Mountain View, CA 94040-2569	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Jason M Rountree Kingsburg, CA 93631-2217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Martin Rovira Newport Beach, CA 92660-7783	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Robert Chad Rowan Merced, CA 95348-2732	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven Mark Rowan Merced, CA 95348-2850	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$195.00	\$195.00	
1/9/2019	Dr. Brian Lee Royse Davis, CA 95616-6222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Martha Rubio Rubio Vilchis Fresno, CA 93723-4017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yevgeny Rudashevsky Sunnyvale, CA 94087-4571	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Francisco Orland Rugama Madera, CA 93638-3619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James P Russo San Leandro, CA 94577-4612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Peter A Russo Huntington Beach, CA 92648-1718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Megan Kaija Rustad Beverly Hills, CA 90211-2004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Matthew Dennis Ryan Sacramento, CA 95821-4379	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Patricia Ann Ryan Fullerton, CA 92835-2521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Susan Lorraine Ryan Windsor, CA 95492-7713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kuhkwa Ryu Eureka, CA 95503-4448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Deema Maria Saad Sherman Oaks, CA 91403-1718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sharareh Sabet Irvine, CA 92612-2621	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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NAME OF FILER  
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I.D. Number  
742855

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1/9/2019	Dr. Shohreh Sabeti West Hollywood, CA 90069-3701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$195.00	\$195.00	
1/9/2019	Dr. Kanwar deep Singh Sachdeva Madera, CA 93637-5647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hangama Kazem Sadat San Diego, CA 92123-1422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yasser E Sadek Palmdale, CA 93550-4567	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. S. Roya Sadrian San Diego, CA 92129-2947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
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1/9/2019	Dr. Jess L Saenz Arcadia, CA 91006-3608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Farhad Fred Safe Oxnard, CA 93036-7787	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dongjin Sah Santa Rosa, CA 95401-4644	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Sachin Saharan Lancaster, CA 93534-2936	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jamie J Sahouria Rohnert Park, CA 94928-2902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	03/31/2019	Page <u>395</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Rinku Saini Danville, CA 94526-1745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Scarlet Singh Saini La Palma, CA 90623-1627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Saman Sharjeel Sajid Santa Clara, CA 95051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Salehani Los Angeles, CA 90069-3706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Javid Jaime Salehie Cupertino, CA 95014-3238	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
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1/9/2019	Dr. Nader Kamal Salib Mission Viejo, CA 92691-8526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Salma Salimi San Francisco, CA 94121-1921	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sima Salimi San Francisco, CA 94123-4110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jeremy Alan Salvatierra Fair Oaks, CA 95628-2546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ranjeev Salwan Ontario, CA 91762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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1/9/2019	Dr. Behrouz Sami Daryani Modesto, CA 95356-8970	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Homa Samimi Westlake Village, CA 91362-4714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nick Jon Sampietro Visalia, CA 93291-4113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vilma Sams Santa Maria, CA 93455-5077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Elaheh Tahereh Samsani Citrus Heights, CA 95610-7790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Berna Nayce Sanayei San Jose, CA 95135-1442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven Carl Sanders Tujunga, CA 91042-2641	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Sean A Sangalang Manteca, CA 95336-4608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Anne Sanglimsuwan San Gabriel, CA 91776-1403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ramin Bahnam Sani Martinez, CA 94553-6105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Amy Santimalapong Patton, CA 92369-7813	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Catherine Jean Santone Encinitas, CA 92024-3842	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert J Santoro La Mesa, CA 91942-5523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Benjamin Phillip Sapir Los Angeles, CA 90035-4128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vahe Sam Sardaryanst Irvine, CA 92604-3078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Gita Beant Sarkaria-Englert Vista, CA 92081-7851	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Maryam Sarrafan Sunnyvale, CA 94087-1629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Greg K Sasaki Gardena, CA 90247-4061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Jeffrey Scott Sasaki Los Altos, CA 94022-3956	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Andrew Michael Satlin Los Angeles, CA 90025-6808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>401</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. William Arthur Saupe Berkeley, CA 94705-2002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bassem Roshdy Saweres Concord, CA 94520-2348	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nancy Ekram Saweres Pittsburg, CA 94565-5236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gregory Lee Sawyer Los Gatos, CA 95032-3488	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Antoine Salim Sayegh Glendora, CA 91740-4175	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>402</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Tony Ammar Sayegh Glendora, CA 91740-6247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert I Schacter Woodland Hills, CA 91367-1613	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Warren Michael Schacter Woodland Hills, CA 91367-1613	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Paul R Schauer Jr. San Mateo, CA 94401-3932	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. David L Scheiner Windsor, CA 95492-7854	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Austin Edward Schellinck Pleasanton, CA 94566-5663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jessica Schellinck Lafayette, CA 94549-5046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Arthur B Schlachtman Los Angeles, CA 90048-6151	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$110.00	\$110.00	
1/9/2019	Dr. Elliot Paul Schlang Santa Monica, CA 90403-2344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thomas J Schlehofer Roseville, CA 95678-6646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 404 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Arthur William Schultz Manhattan Beach, CA 90266-5131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Marlene M Schultz Manhattan Beach, CA 90266-5131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Steve G Schumm Fountain Valley, CA 92708-4475	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Marc A Schwartz Belmont, CA 94002-3929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jessie Naomi Schwarz Santa Monica, CA 90404-2429	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>405</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Hanook Scoble Beverly Hills, CA 90210-5026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Amy Lea Scriven Stockton, CA 95219-5455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael C Seastrom Tarzana, CA 91356-2917	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$93.01	\$109.00	
1/9/2019	Dr. Navjot Sekhon Sherman Oaks, CA 91403-1041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jill M Sekiguchi Pasadena, CA 91106-2505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/9/2019	Dr. James P Sellas San Bernardino, CA 92408-3416	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Pavla Senkyrikova Fresno, CA 93706-5435	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Charlotte L Senseny Torrance, CA 90505-4710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Harleen Kaur Sethi Concord, CA 94520-1208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Megna Sethi Milpitas, CA 95035-5412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>407</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Michael D Seto Palm Desert, CA 92260-2843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ajay Setya Mission Viejo, CA 92691-6406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Samira Shafae Irvine, CA 92618-3179	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Paul Shafer Benicia, CA 94510-3223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Amit Ashok Shah Fountain Valley, CA 92708-5877	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 408 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Dhaval Manharlal Shah Highland, CA 92346-4423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jhankhana Shah Union City, CA 94587-4432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Nirav Hasmukh Shah San Marcos, CA 92069-1708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	(\$24.18)	\$144.98	
1/9/2019	Dr. Pratik M Shah Riverside, CA 92509-2600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Purvi Manhar Shah Folsom, CA 95630-4208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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NAME OF FILER		I.D. Number
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1/9/2019	Dr. Uday N Shah Chino Hills, CA 91709-1296	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Faranak Shahani Palo Alto, CA 94306-3539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shahram Shahriyarpour Irvine, CA 92618-3179	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nat R Shain Riverside, CA 92501-3442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christopher Shamlian Fresno, CA 93704-1850	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/9/2019	Dr. Mary V Shannon Santa Monica, CA 90403-4831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sarvenaz Sharifi Saratoga, CA 95070-3612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Anupam Dua Sharma Fremont, CA 94538-1336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Luke Taylor Sharron Santa Barbara, CA 93101-2481	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Frank J Shay Anaheim, CA 92801-3620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

\*Contributor Codes  
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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Abir Shbeeb Daly City, CA 94015-1972	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hadi Shbeeb Orange, CA 92867-8601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eddy Shubin Shea Irvine, CA 92606-8293	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Peter L Sheerin Los Angeles, CA 90035-1404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Justin W Shek San Francisco, CA 94118-1863	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Donian Shen Mountain View, CA 94040-4317	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Andrew C. T. Sheng San Pedro, CA 90732-4418	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stephen Robert Shepherd Tustin, CA 92780-2420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Keith L. Sheppard Penn Valley, CA 95946-9026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jason Scott Sherman Greenbrae, CA 94904-2024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Yoshindo Shibuya Bonita, CA 91902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Mary Jean Cagulangen Shimane Castro Valley, CA 94546-4326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Grant F Shimizu San Jose, CA 95132-2907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Ronald Mark Shimizu Carmel, CA 93923-8744	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Graciela Shimizu-Oliva San Jose, CA 95126-2203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Ron K Shimoide Anaheim, CA 92801-5614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Andrew Woochul Shin Victorville, CA 92395-4034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Dong-Ho Shin Monterey, CA 93940-7859	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jinyoung Shin Downey, CA 90241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ali Shirani Antioch, CA 94509-6064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period  
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through 03/31/2019

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California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

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1/9/2019	Dr. Marc H Shishima Alhambra, CA 91801-3896	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alice K Shoemaker Watsonville, CA 95076-1509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Elmira Shojai Huntington Beach, CA 92649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nouredin Hussein Shoreibah Huntington Beach, CA 92647-3842	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert D Shorey Morgan Hill, CA 95037-8109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Babak Shoushtari La Jolla, CA 92037-1417	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rosi Dr. Shrestha Torrance, CA 90505-5344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lana Shukhman Mountain View, CA 94040-3718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vlad V Shuster San Francisco, CA 94118-3316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mary Judy Lo Sia Su San Gabriel, CA 91776-1411	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/9/2019	Dr. Eric Yeshagh Siani Palmdale, CA 93551-3889	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hessam Siavash Ventura, CA 93003-4185	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mussie T Sibhatu Oakland, CA 94619-1328	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Khosrow Sigaroudi San Francisco, CA 94108-4005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gary J Silva Lodi, CA 95240-5109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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1/9/2019	Dr. Ryan M Simarro Antioch, CA 94531-7431	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Andrei Simel Sunnyvale, CA 94087-3065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Glenn R Simmons Oxnard, CA 93030-8225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert L. Simon Fullerton, CA 92835-4130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Krikor Simonian Pasadena, CA 91106-2515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. David W Simonsen Pacific Grove, CA 93950-5136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jared S Simpson Bakersfield, CA 93312-2243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Edwin Joseph Sims Sacramento, CA 95816-5618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John William Sinclair Petaluma, CA 94952-4023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shalini Singh Lancaster, CA 93534-2840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Sumeet Singh Seaside, CA 93955-5750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kenneth S Singleton Eureka, CA 95503-4448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. G. Thomas Sirinian Jr. Solana Beach, CA 92075-1194	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert I Sirotnik Riverside, CA 92509-6616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Amanda Nicole Siu Garden Grove, CA 92845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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California Dental Association Political Action Committee (CDA PAC)

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1/9/2019	Dr. Kathleen A Siu Valencia, CA 91355-5334	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kayee Siu Sacramento, CA 95826-2437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gregory Wayne Skeens Jr. Encinitas, CA 92024-3738	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jocelyn Yvonne Skelley San Francisco, CA 94114-3703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lila M Skelley Alameda, CA 94501-1035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>422</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Raymond F Skryja Guerneville, CA 95446-9606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. James Edward Slaughter Bakersfield, CA 93311-1359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ronald M Sloan Beverly Hills, CA 90212-4815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Andrew A Smith Los Banos, CA 93635-4729	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brian D Smith Claremont, CA 91711-1612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Douglas Bradford Smith La Mesa, CA 91942-0623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gabriel Smith Mccloud, CA 96057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Glenn O Smith Torrance, CA 90505-3766	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Leonard H Smith San Jose, CA 95123-2701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Michael B Smith Riverside, CA 92506-2203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 424 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. James A Snow Encinitas, CA 92024-2849	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Timothy C Snyder Grass Valley, CA 95945-5975	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eddie Nguyen So Arcadia, CA 91006-2361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Susan Shan So So Castro Valley, CA 94546-4317	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert Leigh Sobel Encino, CA 91436-4354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 425 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Peter T Soderstrom Modesto, CA 95350-4403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Susan Elizabeth Soderstrom San Francisco, CA 94132-1912	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Fernando H Solano Sacramento, CA 95816-5617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Frederick U Soldau La Jolla, CA 92037-4208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Mohamed Walid Soliman Lindsay, CA 93247-1422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 426 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Gary Steven Solnit Beverly Hills, CA 90210-5189	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Leslie Ann Solomon Newbury Park, CA 91320-3340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Roger A Solow Mill Valley, CA 94941-3025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Eugene Song Los Angeles, CA 90033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Noland Dennis Soo Huntington Beach, CA 92647-6810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>427</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Jason Robison Sorensen Fresno, CA 93711-0552	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. George Agulto Soriano Newark, CA 94560-1251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jose Mercedes Sosa Vista, CA 92083-6234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rossanne Marie Sosa San Diego, CA 92111-1632	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kristan Sottosanti Carmel, CA 93923-8749	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 428 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Charles Michael Spitz San Mateo, CA 94401-3859	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Mae Lee Springer Laguna Niguel, CA 92677-2095	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nicholas Scott St. George Downey, CA 90241-2362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Douglas Marcel Stadler Placerville, CA 95667-5756	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark W Stagis Santa Barbara, CA 93109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	(\$145.00)	(\$145.00)	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Michaela Stahl San Ramon, CA 94583-1670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michal Staninec San Francisco, CA 94118-1717	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Ralph H Stanley San Jose, CA 95124-3243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brian Cameron Steele Rocklin, CA 95677-2675	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$15.00	\$145.00	
1/9/2019	Dr. Maria N Stefan Stockton, CA 95207-5258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 430 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Stephen Tokuzawa Stein Concord, CA 94520-1818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christopher Lee Stellflug Pismo Beach, CA 93449-3404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. H. Robert Stender Pasadena, CA 91101-2985	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Daniel Edward Stevens San Diego, CA 92106-6160	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John A Stevens Scotts Valley, CA 95066-4038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 431 of 1677
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1/9/2019	Dr. Mark Allen Stewart Fremont, CA 94538-1630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tate R Stimpson Sacramento, CA 95821-6614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Charles Edward Stirewalt Tustin, CA 92782-1126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ellery Anne Stoll Cupertino, CA 95014-3238	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ellen Hillary Stone Santa Monica, CA 90404-2429	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 432 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Marey E Stone La Mesa, CA 91942-6434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alan L Stott Lancaster, CA 93534-2856	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Jason Adam Straw Placerville, CA 95667-5756	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael C Stricker San Francisco, CA 94122-1410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dale E Stringer Riverside, CA 92506-3816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 433 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Jerome Henri Stroumza San Francisco, CA 94118-2681	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dennis D Stuart Corte Madera, CA 94925-1571	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Charles R Stucken Downey, CA 90242-3958	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Weizhong Su Azusa, CA 91702-5544	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Barbara L Subject Goleta, CA 93117-2067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 434 of 1677
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Steven A. Subject Santa Barbara, CA 93111-4021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jacqueline Louise Subka Thousand Oaks, CA 91361-5231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Latha G Subramanian Mountain View, CA 94040-4210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Soujanya Sudanagunta Dublin, CA 94568-3017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lakshmy Sudeep San Jose, CA 95119-1300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 435 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. John Knox Sudick Whittier, CA 90601-4442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Halton Suen Oakland, CA 94607-4261	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David T Suezaki San Jose, CA 95116-1761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ramon Ricardo Sumabat Palm Springs, CA 92262-6360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven H Sumida Visalia, CA 93291-6318	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 436 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Angel Sun El Dorado Hills, CA 95762-4564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Benjamin Pingtze Sun Westlake Village, CA 91361-4050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Da Sun Arcadia, CA 91006-3249	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hsiao Wen Sun Alhambra, CA 91801-4113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shanlei Sun Dublin, CA 94568-3017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>437</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Stanley Sun Cupertino, CA 95014-2187	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Guy Cliff Sutton San Diego, CA 92123-1698	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Neal P Swann Milpitas, CA 95035-5412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Matthew Donald Swatman Modesto, CA 95350-5355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Myint Swe South San Francisco, CA 94080-3288	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 438 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Wayne J Syn Orland, CA 95963-2205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jason H Ta Lawndale, CA 90260-3244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Theresa Thuy Ta San Jose, CA 95122-4008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Maryam Asadi Tabar San Francisco, CA 94104-4365	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Fabian Farbod Taghdiri Beverly Hills, CA 90210-4306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Kaveh Taheri Culver City, CA 90230-5264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sharareh Tajbakhsh Cupertino, CA 95014-3238	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alyssa J. Takeda San Jose, CA 95125-2344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brett Takeo Takemoto Livermore, CA 94550-4412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Doug Takeuchi San Jose, CA 95128-1869	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. John M Takla San Mateo, CA 94401-2513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lucila B Takla San Mateo, CA 94401-2513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Foroud Tale-Yazdi Lake Forest, CA 92630-2777	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Priscilla Ann Tall Cherry Valley, CA 92223-4239	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rajeev Talwar Lafayette, CA 94549-4507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 441 of 1677
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1/9/2019	Dr. Janice Carol Tam San Francisco, CA 94127-2618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stella Tam Woodlake, CA 93286-1301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Carlos A Tamayo Oxnard, CA 93030-7176	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Wade A Tambara Sacramento, CA 95822-2015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Juliette Leona Tamkin Agoura Hills, CA 91301-4615	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 442 of 1677
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1/9/2019	Dr. John K Tanaka San Jose, CA 95128-4809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David James Tancreto Concord, CA 94518-3604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John Y C Tang San Francisco, CA 94116-1954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Karen Y Taniguchi Oakland, CA 94607-6523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nihar D Tanna Chino Hills, CA 91709-6804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Daraporn (June) Tanpattana Los Angeles, CA 90064-1624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. George Ji-Jun Tao Alta Loma, CA 91701-4515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Diane Chie Tarica Los Angeles, CA 90049-6607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Harmick Taroian Reseda, CA 91335	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Richard D Tarver San Luis Obispo, CA 93401-4101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. George R. Tashiro Long Beach, CA 90807-4537	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Steve Tatevossian Redlands, CA 92373-4611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ronald C Tawa Torrance, CA 90505-5709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Henry Dixon Taylor III Concord, CA 94518-1903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. John A Taylor Glendale, CA 91207-2015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Stephen A Taylor Auburn, CA 95603-5051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Tamara Lynn Teal Poway, CA 92064-2043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ziad S Tedini Irvine, CA 92620-2180	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Chanda N Tejura Baldwin Park, CA 91706-3302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Aaron R Tenzer Bakersfield, CA 93309-0614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Gisoo Termechi Inglewood, CA 90301-1107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Emmett L. Tetz Saint Helena, CA 94574-1106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nicholas Adam Thacker Santee, CA 92071-4282	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Brandon T Thai Saugus, CA 91350-2006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ha To Thai Hayward, CA 94545-2160	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Linda T Thai Oakland, CA 94607-6515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Aung Myo Thant Baldwin Park, CA 91706-3361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jegatri R Thayaparan Morgan Hill, CA 95037-4316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	(\$145.19)	(\$145.19)	
1/9/2019	Dr. Gary Thiele Turlock, CA 95382-2708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ameera Sahla Thomas Nipomo, CA 93444-9123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. H. Leroy Thomas Chico, CA 95926-1808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alana A Thompson Santa Cruz, CA 95062-2104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James H. Thompson San Diego, CA 92119-2324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Marlene Mavila Thompson Escondido, CA 92026-3341	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Paul Anthony Thompson La Canada, CA 91011-3359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Thomas M Thompson Yorba Linda, CA 92886-3810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Uyen N Thompson Chula Vista, CA 91910-6587	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven William Thomson Woodland, CA 95776-4980	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Donald A Thor Escondido, CA 92025-3437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$170.00	\$170.00	
1/9/2019	Dr. Martin Hugh Thurston San Diego, CA 92128-2404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Walter F Tickner San Francisco, CA 94103-2919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Andy Liang Tieu San Diego, CA 92131-3963	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Louis Tieu Morgan Hill, CA 95037-4846	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Scott Shen-Ta Ting Dublin, CA 94568-3036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Douglas B Tinloy Oakland, CA 94602-1242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Jeffrey S Tinloy Oakland, CA 94602-1242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Travis E Titlow Rocklin, CA 95677-2685	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Kenneth W. Tittle Pleasant Hill, CA 94523-2851	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. William Gabiana Tiu Livermore, CA 94551-9213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Edwin M Tjan Castro Valley, CA 94546-5342	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Eric Chun Hin To Arcadia, CA 91007-7560	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hue M To San Jose, CA 95116-1915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Elbert Tom Van Nuys, CA 91401-1410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vivian Tom Burbank, CA 91506-1348	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Wai Kin Harrison Tong San Francisco, CA 94102-1301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. An Tonnu San Jose, CA 95129-5015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thomas E. Toolson Fairfield, CA 94534-3470	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. David M Toppi San Diego, CA 92108-2183	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark Louis Torbiner Beverly Hills, CA 90210-3523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven Michael Toschi San Jose, CA 95125-5101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. William Toth West Hollywood, CA 90069-3709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shaheen Tourian San Diego, CA 92131-1092	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Viken S Toutounjian Woodland Hills, CA 91367-2016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tiziana Towle Walnut Creek, CA 94595-1623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Trinh Phuong Trac Union City, CA 94587-3110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. David J Tracy Carlsbad, CA 92008-1950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Ailan Tran San Jose, CA 95122-1357	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Binh Ngoc Tran Elk Grove, CA 95758-9587	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James Tuan-Minh Tran Westlake Village, CA 91362-6604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Josahua Chinghoa Tran Hayward, CA 94542-2082	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Khiet M. Tran San Jose, CA 95116-1235	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kim X. Tran Milpitas, CA 95035-5302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. KimDung Tracy Tran San Jose, CA 95123-2320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Michael Tran Cypress, CA 90630-5110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mimi Thi Tran Los Angeles, CA 90034-7715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/9/2019	Dr. Minh N Tran Folsom, CA 95630-6815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Phuong Duc Tran Los Alamitos, CA 90720-6914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Phuong Phi Tran Santa Ana, CA 92704-2347	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Quynh N Tran Corona, CA 92879-1461	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thuy N Tran San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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NAME OF FILER  
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1/9/2019	Dr. Trang K Tran Santa Cruz, CA 95065-1827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Philip A. Trask Pacific Palisades, CA 90272-5059	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Silvana Tredinnick Playa Del Rey, CA 90293-8646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John R Treinen Encino, CA 91316-2849	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kim Trieu Alhambra, CA 91801-4710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Robert J Trifilo San Jose, CA 95112-6507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$100.00	\$100.00	
1/9/2019	Dr. Brian Binh Trinh Oakland, CA 94612-2824	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Allison C Trout Rocklin, CA 95765-5891	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Carl H Trubschenck Citrus Heights, CA 95610-7949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Dale R Trudeau Solana Beach, CA 92075-2428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Chau T Truong Chula Vista, CA 91910-5313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lien Hong Truong Rocklin, CA 95677-2989	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thanh Truong Hemet, CA 92543-3106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vy Thi-Tuong Truong San Jose, CA 95116-1398	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Daniela Mirela Truta Berkeley, CA 94705-2059	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/9/2019	Dr. Bryce K Tsai Upland, CA 91786-3669	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eric S. Tsai Walnut Creek, CA 94596-5214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jessica I-Ching Tsai Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joseph Shau-Lin Tsai Tarzana, CA 91356-1308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ruel Chia-Hung Tsai Milpitas, CA 95035-7919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Theresa Tsai Del Mar, CA 92014-2934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$15.00	
1/9/2019	Dr. Albert M Tsang Pinole, CA 94564-2525	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christina Tsang San Diego, CA 92106-6160	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark Tsao Paramount, CA 90723-5425	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Katherine Michelle Tsap Westlake Village, CA 91361-1984	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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1/9/2019	Dr. James N. Tsau Redwood City, CA 94062-1481	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lula Tsegay San Leandro, CA 94577-4915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sophia Tseng Fresno, CA 93720-2606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steven H Tsuchida Granite Bay, CA 95746-5921	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jayson Fumiaki Tsuchiya Sunnyvale, CA 94087-3065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Howard C Tsui Union City, CA 94587-4500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Marjorie Tomiko Tsutsui Torrance, CA 90505-3949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christine M Tumali-Lee Anaheim, CA 92801-1816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jack Victor Tunzi Burbank, CA 91501-2132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gregory Clifford Turk Woodland Hills, CA 91367-2047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 465 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Gregory Kent Tuttle Sacramento, CA 95821-5445	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Leonard M Tyko II Santa Rosa, CA 95405-4802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Junji Jay Uemura Santa Rosa, CA 95403-3100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Minal Amit Upadhyay Cupertino, CA 95014-2149	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Charanjit S Uppal Hayward, CA 94544-4454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Glenn E Urban Livermore, CA 94550-6504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$100.00	\$100.00	
1/9/2019	Dr. Sylvia Diane Urbina San Mateo, CA 94403-2369	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Francis Urich Solana Beach, CA 92075-1123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Faye G Uy Lakewood, CA 90712-2420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark Isamu Uyehara Sylmar, CA 91342-1052	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Kevin C Uyesugi Costa Mesa, CA 92626-3072	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Samyeh Vahabi Chino Hills, CA 91709-6529	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Soheil Vahedi Inglewood, CA 90304-1617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Arjang Vahidnia Sacramento, CA 95825-1386	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yevgeniya Valchuk San Rafael, CA 94903-2559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Arnold Valdez Claremont, CA 91711-3306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert O Valdez Camarillo, CA 93010-2125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Douglas James Valentine Grass Valley, CA 95945-5084	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Leyli Valera San Jose, CA 95120-2905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Howard C Van Riverside, CA 92503-3431	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Miriam V Van Allen Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kyle B Van Brocklin San Ramon, CA 94582-4935	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Willem Simon Christian Van Opijnen Red Bluff, CA 96080-3403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James H Van Sicklen Jr. Stockton, CA 95207-5513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Elizabeth Ann Van Tassell Petaluma, CA 94952-2312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/9/2019	Dr. Lorese Gerlone Vandemark Modesto, CA 95350-0852	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Martha Vanzina Palo Alto, CA 94301-2007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ralitza Varlakova Cotati, CA 94931-4244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Catherine J Varsanyi Mountain View, CA 94043-3103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Paul Vartabedian Lakeport, CA 95453-4341	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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NAME OF FILER

California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Ankit J Vasa Lakewood, CA 90715-2581	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$195.00	\$195.00	
1/9/2019	Dr. Supriya Suraj Vasanth Foster City, CA 94404-3345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ash Vasanthan Roseville, CA 95661-3081	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Elizabeth Vasco San Mateo, CA 94401-2708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. L. Stephen Vaughan Foothill Ranch, CA 92610-2842	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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1/9/2019	Dr. Ilana Vaynshteyn San Jose, CA 95129-5214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Revadee Tan Veranunt Los Angeles, CA 90027-6122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rosetta J Vergel De Dios Anaheim, CA 92802-2406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Harry M Viani Sacramento, CA 95825-6316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Jenny Liliana Victoria Sacramento, CA 95831-3875	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Myriam Villalpando Falcon Chula Vista, CA 91910-2626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/9/2019	Dr. Virna Liza Villas Hayward, CA 94542-2082	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Amandeep Singh Virdi Milpitas, CA 95035-5412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Anthony Pio Vitarelli San Jose, CA 95128-4812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dat M Vo San Bernardino, CA 92404-4647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Katherine Vo San Francisco, CA 94108-3905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vivian V. Vo Madera, CA 93637-4587	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rashi Vohra Ontario, CA 91764-4875	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Magdolna M. Voros Redding, CA 96001-2158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Helen T.H. Vu Los Angeles, CA 90024-4005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Mai T Vu Stockton, CA 95207-5730	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thu Thi-Huyen Vu San Jose, CA 95111-1300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yen Thi Vu Pleasant Hill, CA 94523-4650	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Linga Murthy Vuppala Campbell, CA 95008-1029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Evelyne Hoang-Yen Vu-Tien San Diego, CA 92130-6657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/9/2019	Dr. Tamara Bajj Vwich Palmdale, CA 93551-4821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christopher Eric Wacker Loma Linda, CA 92354-3130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Galen W Wagnild San Francisco, CA 94108-4012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Abdul Majid Wahedi Petaluma, CA 94954-6639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$195.00	\$195.00	
1/9/2019	Dr. Yolanda Wai Los Altos, CA 94024-5400	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Michael Wakasa San Mateo, CA 94401-2670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ronald Y Wake Lafayette, CA 94549-5046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Lee D Walker Loyalton, CA 96118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Christopher J Wallace Santa Rosa, CA 95405-7538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Wayne E Walters Sacramento, CA 95825-6317	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Betty Wang San Jose, CA 95128-4804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Catherine M Wang Torrance, CA 90505-8161	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Cindy Hui Wang San Jose, CA 95122-1880	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Derick Wang Mountain View, CA 94040-4209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Emily Wang San Francisco, CA 94109-4582	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Jerry L Wang Pleasanton, CA 94566-6128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jimmy Wang San Diego, CA 92127-3509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Joy Wang Sunnyvale, CA 94087-2319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Tim Ting-Chun Wang Fremont, CA 94539-7934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Vicki I-Wen Wang Alameda, CA 94501-2515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/9/2019	Dr. Vanida Wangwongvivat North Hollywood, CA 91605-5031	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David H Ward Santa Ana, CA 92701-4459	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Fred C Ward Crescent City, CA 95531-2281	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sherif Warda Monterey, CA 93940-2909	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Glen Warganich-Stiles Woodland, CA 95695-3868	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/9/2019	Dr. Vatche Sarkis Wassilian Clovis, CA 93611-4028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Norman G. Wat Fremont, CA 94536-3800	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Stephen Takashi Gong Wat Fremont, CA 94536-3800	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Edward A Watson Newport Beach, CA 92660-0782	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Allen Wei La Mesa, CA 91942-1334	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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from	01/01/2019	
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1/9/2019	Dr. Ann Yu-Chieh Wei San Francisco, CA 94108-4210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Andrew M Weiner Northridge, CA 91326-2659	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$100.00	\$100.00	
1/9/2019	Dr. Fred L Weiner Tarzana, CA 91356-6400	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Reinhard Weiser Millbrae, CA 94030-1967	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nancy Sabalboro Welch Sacramento, CA 95825-6316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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from	01/01/2019	
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1/9/2019	Dr. Paul J. Weller San Francisco, CA 94132-1913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Melvin T Wells Jr. Pleasant Hill, CA 94523-2846	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Robert R Wells San Luis Obispo, CA 93401-2875	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Jeremy T West Modesto, CA 95350-4572	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Russell William West Valencia, CA 91355-2395	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. David Westerhaus Sacramento, CA 95829-9298	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Scott J Weston Santa Cruz, CA 95065-1827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hope L Wettan Chatsworth, CA 91311-5518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Keith T White Walnut Creek, CA 94596-5290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mary Ruth White Ventura, CA 93003-5634	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Stewart Edward White Santa Barbara, CA 93105-3464	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Amber Paige Whitenhill Hesperia, CA 92345-3423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Dennis J Widman San Jose, CA 95118-3716	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Thomas George Wieg Mariposa, CA 95338-9503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Timothy Wieg Mariposa, CA 95338-9503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Edward Wiggins II Sacramento, CA 95811-4115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ronald A Wihlidal Stockton, CA 95204-5642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Michael Glen Willes Carlsbad, CA 92008-2455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sally S. William Bakersfield, CA 93309-7081	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Bradley Paul Wilson Solana Beach, CA 92075-1350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Charles O Wilson II San Juan Capistrano, CA 92675-6757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. George M Wilson Porterville, CA 93257-3323	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Jeffrey Wilson Oroville, CA 95965-4937	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. John C Wilson Bakersfield, CA 93309-0614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Monty Chris Wilson Orange, CA 92865-1908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Joshua A Winer Los Alamitos, CA 90720-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. James Winterton Newport Beach, CA 92660-7634	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Robert Allen Witek Temecula, CA 92592-6826	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Beverly Ann Witham Sunnyvale, CA 94085-4367	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Laura Elaine Wittenauer Newport Beach, CA 92660-7706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Gary J Wokuluk El Cajon, CA 92020-4409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Stanford L Wolfe Springville, CA 93265-9688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Dewayne A Wolfer Jr. Burbank, CA 91501-2286	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Gregory Wolkstein San Jose, CA 95123-2704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Philip Wolkstein San Jose, CA 95123-2704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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1/9/2019	Dr. Jonathan Sunyong Won Palmdale, CA 93551-3757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Andrew Curtis Wong Newark, CA 94560-5241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christopher B Wong Westminster, CA 92683-6978	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Ellis Charles Wong Los Angeles, CA 90004-1307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Galen M Wong Milpitas, CA 95035-6942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Jenny L Wong Cypress, CA 90630-4130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jonathan Stuart Wong Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lin L Wong Covina, CA 91723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Thomas Wong Newark, CA 94560-5246	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Timothy A Wong Sacramento, CA 95831-3663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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1/9/2019	Dr. Ronald C Woo San Leandro, CA 94577-4915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Stacey Woo Whittier, CA 90602-1451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Keith Gordon Wood Folsom, CA 95630-3031	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jerry J Woolf Bakersfield, CA 93311-3654	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Michael T Woolf Fresno, CA 93711-7169	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Peter W Worth Roseville, CA 95661-4051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Edward C Wright Laguna Hills, CA 92637-4966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Huayang John Wu San Mateo, CA 94403-1344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jing Ying Celia Wu Dublin, CA 94568-2308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kenny Y Wu Cupertino, CA 95014-3016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Samuel K. Wu Mission Viejo, CA 92691-5327	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Windsor Wen-She Wu San Jose, CA 95128-5121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ying Wu Downey, CA 90242-4563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David D Wynn San Diego, CA 92120-5008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Lili Xu Oakland, CA 94607-4293	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Eric M Yabu Oakland, CA 94602-1236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Steve T Yabuno Torrance, CA 90505-5025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Mark S Yafai Los Angeles, CA 90025-1022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Edmond Yaghoubi West Covina, CA 91791-1500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jelson Jonathan Yalung Los Angeles, CA 90049-2074	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Jason M. Yamada Torrance, CA 90505-3061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Rick K Yamada La Jolla, CA 92037-1709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Todd Hiroshi Yamada Los Angeles, CA 90064-1624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David S Yamaguchi Fresno, CA 93704-1850	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Eugene T Yamaguchi Fresno, CA 93710-6847	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/9/2019	Dr. Craig H Yamamoto Gardena, CA 90247-4823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ryan Koichi Yamashiro Palm Springs, CA 92262-3701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Donald M Yan Carmel, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Rex R. Yanase Torrance, CA 90505-2590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Roy T Yanase Torrance, CA 90505-2590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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1/9/2019	Dr. Hee-Jin Yang San Jose, CA 95129-1019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kyu Yang Los Angeles, CA 90029-3216	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Linda R Yang Torrance, CA 90505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Peter Thuya Lwin Yang Salinas, CA 93901-2350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Xudong Yang Salinas, CA 93901-4223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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California Dental Association Political Action Committee (CDA PAC)		742855

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1/9/2019	Dr. William M. Yao Saratoga, CA 95070-6614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ricardo Yap South San Francisco, CA 94080-5413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Aida Yashar-Matian Woodland Hills, CA 91364-2689	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. David Shinji Yasuda Sacramento, CA 95831-5170	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kenneth T Yasuda Sacramento, CA 95825-4726	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period  
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NAME OF FILER  
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742855

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1/9/2019	Dr. Kathleen Yau East Palo Alto, CA 94303-1312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Barbara Gail Yee San Ramon, CA 94583-1365	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Christian Ping Yee Foster City, CA 94404-1293	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Cynthia Yee Los Altos, CA 94024-5402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lawrence Y Yee Alhambra, CA 91801-3547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/9/2019	Dr. Robert K Yee San Jose, CA 95112-5002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Wilma Xu Yee Concord, CA 94519-2534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Huey-Ju Grace Yeh Alhambra, CA 91801-4713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Wu-Ming Yeh Irvine, CA 92618-7700	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Nelson T Yen Fullerton, CA 92835-3650	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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**CALIFORNIA FORM 460**

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1/9/2019	Dr. Svetlana Shturman Yesin San Francisco, CA 94122-2402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Raffi Yessayantz Glendale, CA 91202-2540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/9/2019	Dr. Carol Kar-Yao Yeung Anaheim, CA 92807-4762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Laimui Yeung Bakersfield, CA 93309-4982	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Anna Yi Fremont, CA 94538-1467	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/9/2019	Dr. Juhyong Yi Mountain View, CA 94040-2515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Eric T Yokota San Jose, CA 95125-5109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Craig Yonemura San Francisco, CA 94102-1117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Todd M Yonemura Danville, CA 94526-1731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jenny Yoo Palo Alto, CA 94301-3339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Hee S Yoon Bakersfield, CA 93301-3727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/9/2019	Dr. Sunni Gwi-Young Yoon Fairfield, CA 94533-4898	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Noreen Izumi Yoshida Scotts Valley, CA 95066-4793	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. R. Brian Yoshida Jr. San Jose, CA 95129-5214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Donald K Yoshikawa Huntington Beach, CA 92647-5568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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1/9/2019	Dr. Todd Michael Yost Porterville, CA 93257-3402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jeremy Michael Young Grass Valley, CA 95945-5975	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Peter Siu-Yee Young Arcadia, CA 91007-1529	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Royce James Young Ventura, CA 93003-4368	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sung-Ming Young San Jose, CA 95128-4831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/9/2019	Dr. Benjamin Aubrey Yount San Mateo, CA 94401-3714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Hao Yu Ontario, CA 91762-1132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jack T Yu Chino, CA 91710-1407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shelly Xiao-Yue Yu Chico, CA 95928-4042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Alden Sing Yue Orange, CA 92868-2610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Christopher Anthony Zachary Laguna Niguel, CA 92677-3930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ali Zadeh Hayward, CA 94544-6901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nazli Zafaranchi Sunnyvale, CA 94087-4300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Harvey Zalsman Jr. Loma Linda, CA 92354-3139	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Poolak Afshar Zand Woodland Hills, CA 91364-2623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>508</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Raj Mohamed Zanzi Roseville, CA 95747-7143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Matt Zarinnia Encino, CA 91436-2415	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Sameen Zarrabi Chula Vista, CA 91910-2711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Nehal Babubhai Zaveri Upland, CA 91786-3952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Shaghayegh Zekavati Aliso Viejo, CA 92656-5227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>509</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Stephanie Zhang San Mateo, CA 94403-2836	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Yigal Zibari Manhattan Beach, CA 90266-2470	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Ladan Zinati Cudahy, CA 90201-5019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kristina Elaine Zoulas South San Francisco, CA 94080-5117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Jamie Rebecca Zubrow Millbrae, CA 94030-2603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>510</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/2019	Dr. Ellie Jeanette Zuiderveld Visalia, CA 93291-5175	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Faustino Zuniga San Bernardino, CA 92410-3224	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Miriam Zuniga-Bernardeau Bellflower, CA 90706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Kim D Zussman Westlake Village, CA 91362-6600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/9/2019	Dr. Lynn K Zwahlen Modesto, CA 95350-5355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>511</u> of <u>1677</u>

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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)	I.D. Number 742855
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Erwin Gavilan Abad Canoga Park, CA 91303-1255	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maria Victoria A Abad Norwalk, CA 90650-5403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ronald C. Abaro Burbank, CA 91506-1229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Farnoosh Abbasi Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Hossein Abdolhosseini Chino Hills, CA 91709-6529	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>512</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/31/2019	Dr. Kenneth A Abe Los Altos, CA 94024-5422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Hamid Reza Abedi Lancaster, CA 93534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Cameron Ledyard Aboudara Moraga, CA 94556-1952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Darryl Mark Abramson La Jolla, CA 92037-1206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark E. Abramson Redwood City, CA 94061-4095	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>513</u> of <u>1677</u>
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1/31/2019	Dr. Monica D Abusleme Panorama City, CA 91402-1833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Laurence Ackerman San Luis Obispo, CA 93401-4663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Adrian Acosta La Habra, CA 90631-3743	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joseph Adamian Glendale, CA 91206-4330	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Melina Adamian Northridge, CA 91325-4276	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>514</u> of <u>1677</u>
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1/31/2019	Dr. Kosta J Adams Sacramento, CA 95825-6207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Lawrence M Addleson San Diego, CA 92103-6307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Prakash S Advani Sunnyvale, CA 94087-2913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bijan Afar Los Angeles, CA 90048-5816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Arash Aftabi Seal Beach, CA 90740-2757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>515</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/31/2019	Dr. Swati Agarwal San Francisco, CA 94102-1115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michelle E Agazzi Oakland, CA 94609-3481	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Javad Sage Aghaloo El Centro, CA 92243-9495	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert D Agnoletti San Jose, CA 95120-2907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Josephine Agne Aguda La Habra, CA 90631-7566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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**CALIFORNIA FORM 460**

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NAME OF FILER  
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1/31/2019	Dr. Randolph E Aguilera Irvine, CA 92604-4791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Saied Samuel Ahdout Irvine, CA 92618-7704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mohamed Hafez Ahmed Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$165.00	\$165.00	
1/31/2019	Dr. Harkishan C Ahuja Riverside, CA 92504-2756	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Cyrus M Akhbari San Jose, CA 95126-2919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Todd W Aki Union City, CA 94587-3975	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Yazdan Alami Westlake Village, CA 91362-5473	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rosa M Alaniz La Habra, CA 90631-5307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael E Alano Walnut, CA 91789-4296	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Abdul R Alas Bakersfield, CA 93309-4800	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Alice G. Alatorre Indio, CA 92201-4832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robin L. Albright Watsonville, CA 95076-6014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Lance Richard Alder Newport Beach, CA 92660-5505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael Alfandari Agoura Hills, CA 91301-5411	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stephen Glen Alfano Newport Beach, CA 92662-1289	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. David Alfaro West Covina, CA 91790-3035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hanan Salim Al-Haddadin Redlands, CA 92373-9601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$12.09	\$145.00	
1/31/2019	Dr. Mary Liberty Verde Ali Lodi, CA 95240-3860	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Armi M Alian Cypress, CA 90630-2956	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Fariba Alikhani San Jose, CA 95117-1046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Elizabeth A. Alcaraz Alikpala Lakewood, CA 90712-2760	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rene Ricardo Alingog Chula Vista, CA 91910-7865	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Zainab Ali-Rubaie San Francisco, CA 94103-2919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Abbas Hatim Al-Jidui Ontario, CA 91762-6620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John Michael Allen Pomona, CA 91767-3020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/31/2019	Dr. Pamela S. Alston Oakland, CA 94605-2455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jessica M Alt Rocklin, CA 95765-4784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael A Altergott Alamo, CA 94507-2661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dale Lawrence Alto Sacramento, CA 95821-4379	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jerold Fenton Alvarado San Carlos, CA 94070-3900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>522</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/31/2019	Dr. Veronica Alvarado Davis, CA 95616-0676	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Khaled Alwan El Cajon, CA 92020-4514	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hasmik Ambartsumyan Los Angeles, CA 90027-5710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alan G Amemiya Seaside, CA 93955-5359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maryam Amidi Mountain View, CA 94040-2371	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>523</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/31/2019	Dr. Samira Amini Santa Ana, CA 92707-5907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Abdulghani Ghani Amro Merced, CA 95340-2828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gregory K. An Redwood City, CA 94061-3402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shivani Anand Milpitas, CA 95035-8655	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Craig William Anderson Los Angeles, CA 90067-2020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
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1/31/2019	Dr. Devin Lee Anderson Loma Linda, CA 92354-4875	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Heather Y Anderson Santa Rosa, CA 95403-3157	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert W. Anderson Fairfield, CA 94534-7988	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shawn Eric Anderson Fresno, CA 93710-5900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dennis R Andresen Salinas, CA 93901-4210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Todd Brandon Andrews Sacramento, CA 95816-3844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David Ang Yuba City, CA 95991-4529	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard Bell Angell III Newport Beach, CA 92660-7504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James N Angelos Pasadena, CA 91106-2505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Nirvana Anoosheh Sunnyvale, CA 94085-5422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
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SCHEDULE A (CONT.)

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1/31/2019	Dr. Michael J Antonini San Francisco, CA 94132-2011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$100.00	\$100.00	
1/31/2019	Dr. Nasser Karam Antonious Sunnyvale, CA 94087-1303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Christopher Robert Apuy Fresno, CA 93706-5813	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert C Apuy Fresno, CA 93706-5813	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Ruth I Aramaki San Pedro, CA 90732-3515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Donna Arase Arcadia, CA 91007-6394	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$195.00	\$195.00	
1/31/2019	Dr. Brad James Archibald Ione, CA 95640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sonia Sofia Arevalo Ceres, CA 95307-3230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Dean F Ariaee Irvine, CA 92618-3174	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Henide Arias Reseda, CA 91335-6341	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Gregory Goodwin Armi Mountain View, CA 94040-3765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Scott C Arnett Westlake Village, CA 91362-6602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Timothy S Arnett Westlake Village, CA 91362-6602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Antonio Arredondo Stockton, CA 95219-2355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sydon Arroyo Torrance, CA 90505-4709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>529</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Elizabeth Michelle Arvonen Crescent City, CA 95531-3430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brian Joseph Asbury San Diego, CA 92119-2316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kati O. Asgarifar Agoura Hills, CA 91301-1688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark Ashiku Ukiah, CA 95482-5336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Phillip J Ashiku Ukiah, CA 95482-5336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>530</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Suparna Rajesh Ashrani San Jose, CA 95139-1350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Roger W Ashworth Arbuckle, CA 95912	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Salina Sanchez Asidera Canoga Park, CA 91303-1627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Cammellia Sanam Askari Oakland, CA 94602-1805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tannaz Askari Ventura, CA 93003-4367	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Michelle Beth Asselin Fresno, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ehab N Ateia Rancho Cucamonga, CA 91737-3771	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maryam Ateia Rancho Cucamonga, CA 91737-3771	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gerald Alan Au Newark, CA 94560-3798	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Christopher J Audino Visalia, CA 93291-7896	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Navneet Aujla Fairfield, CA 94533-3690	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Veronica Avalos South San Francisco, CA 94080-1302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Karen Kay Avantino Redding, CA 96002-2340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John Benjamin Avera Aptos, CA 95003-4067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Lawrence S Awbrey Woodland Hills, CA 91364-1270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Rodrigo Ayala Bakersfield, CA 93304-4931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Noyan Aynечи San Francisco, CA 94127-1303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tamara Ayoub Rolling Hills, CA 90274-5229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Michael Ayzin Costa Mesa, CA 92626-8606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Arleen P Azar-Mehr Northridge, CA 91324-6025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
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1/31/2019	Dr. Shideh Azimi Santa Ana, CA 92703-3443	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Daniel Azurduy Sacramento, CA 95834	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Ezz Azzeh Tustin, CA 92780-4401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Linda J Baba Irvine, CA 92602-0945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$2.96	\$145.00	
1/31/2019	Dr. Steven Wayne Baba Fullerton, CA 92835-3423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$2.96	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/31/2019	Dr. Edwin Babadjanian Glendale, CA 91202-4367	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael E. Bachman Jr. Ridgecrest, CA 93555-3528	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael E. Bachman Sr Ridgecrest, CA 93555-3528	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Daniel C Bacquet Van Nuys, CA 91406-2103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Michael Marius Badea Anaheim, CA 92806-2943	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/31/2019	Dr. Susan Sang-Hee Bae Monrovia, CA 91016-3423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nagib George Bahri Upland, CA 91786-6035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Scott Carter Baird Palo Alto, CA 94301-2602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sunita Bajaj Sunnyvale, CA 94087-4597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Priya Harshad Bakshi San Jose, CA 95136-1846	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/31/2019	Dr. Harsimrat Kaur Bal Citrus Heights, CA 95621-4700	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Edward Balasanian San Clemente, CA 92673-6343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	(\$10.27)	\$145.00	
1/31/2019	Dr. Lynne Ann Baldassari-Cruz San Carlos, CA 94070-3919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kathleen M Bales Santa Rosa, CA 95409-4267	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Charles K Balisha Turlock, CA 95380-4058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Cyrus Bandary Woodland Hills, CA 91367-2048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Seema Bansal San Jose, CA 95139-1350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gilda C Banta Huntington Beach, CA 92649-2301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Eric Bryan Barajas Chula Vista, CA 91914-4522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John H Barakat Carmichael, CA 95608-3316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>539</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Mostafa G Barakzoy Fremont, CA 94536-3809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Houman Baratian Los Angeles, CA 90049-2814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Omid Barkhordar Santa Barbara, CA 93101-5951	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffery L Barlow Victorville, CA 92395-8309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael Barne Norwalk, CA 90650-4005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ernest John Baron Santa Cruz, CA 95060-4137	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Leila Baroudi Saratoga, CA 95070-4183	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Thomas A Barrington Kingsburg, CA 93631-1923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey Barton Modesto, CA 95351-4817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Raaed Samir Batniji Rancho Cucamonga, CA 91730-0977	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Samir Khalil Batniji Diamond Bar, CA 91765-2230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kenneth J Bauer Santa Rosa, CA 95409-5372	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Peter Jeffrey Bauer Poway, CA 92064-4247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jim T Baugh Lake Elsinore, CA 92530-4127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Bruce R Baumann Palm Desert, CA 92260-2710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Rex S Baumgartner Newhall, CA 91321-2555	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. John M. Bayless Monterey, CA 93940-4606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jack Bayramyan Los Angeles, CA 90057-3345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey D Bean Santa Rosa, CA 95405-4812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bruce F Beard Woodland Hills, CA 91364-1461	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Karen Becerra San Diego, CA 92101-3107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Donald B Beck San Mateo, CA 94401-2609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Trevor S Beck Arroyo Grande, CA 93420-3348	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David G. Becker Santa Barbara, CA 93105-4324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael R Becker Concord, CA 94521-4053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/31/2019	Dr. Lisa E Beck-Uhl Goleta, CA 93117-2273	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Yarah Beddawi Mountain View, CA 94040-4210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Suhail Akbar Beguwala Corona, CA 92879-3109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Moses A Belgrade Beverly Hills, CA 90210-5017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Brian M. Bell Tulare, CA 93274-2210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
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1/31/2019	Dr. Jeffery G Bellinger Tiburon, CA 94920-2548	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Mark Joseph Bellisario Alpine, CA 91901-1668	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nolan Bellisario Del Mar, CA 92014-3152	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Michael P Belluscio Fortuna, CA 95540-2347	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$50.75	\$152.25	
1/31/2019	Dr. Moshe Benarroch Valencia, CA 91355-2190	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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1/31/2019	Dr. Aicha Benbrahim Marysville, CA 95901-4214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nannette J Benedict Scotts Valley, CA 95066-4209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Timothy Paul Bennett Antelope, CA 95843-9003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Krystal N Benyamein Upland, CA 91786-6017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Amsale Berhanu-Demissie Banning, CA 92220-5523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Robert C Berman Long Beach, CA 90803-4860	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Matthew Joseph Bernal Cupertino, CA 95014-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Devin Benedict Bernhardt Scotts Valley, CA 95066-4279	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Rick J Berrios Huntington Beach, CA 92648-1718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Samuel S Berro Los Alamitos, CA 90720-6438	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Frederick A Berry Dana Point, CA 92629-1191	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$0.00	
1/31/2019	Dr. Kenneth John Bevan Napa, CA 94558-6414	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert J Bey San Diego, CA 92123-1467	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nicholas Beye Jr. Fallbrook, CA 92028-3084	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Arti Bhandari Pleasanton, CA 94566-5663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Manju Bhatnagar San Jose, CA 95122-1478	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jasmine Bhuya San Francisco, CA 94111-5523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Fe Tionson Biala Milpitas, CA 95035-5201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Scott Eugene Bianchi Dove Canyon, CA 92679-3751	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Thomas E Bianchi Stockton, CA 95219-2355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. John T. Bianchin Palm Desert, CA 92260-4340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard John Bianco Monterey, CA 93940-4447	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Faranak Bigdeli Huntington Beach, CA 92648-2049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Foruzan Bigdeli Huntington Beach, CA 92648-2049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Vasken Henry Bilemjian Pasadena, CA 91101-2906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Paul P. Binon Roseville, CA 95661-4478	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Eric M Blasingame Redding, CA 96002-1884	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Ryan Taylor Blatchley Santa Maria, CA 93454-6926	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Hera Zoe Blazer Concord, CA 94519-2397	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Conrad E Block Santa Rosa, CA 95405-6617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/31/2019	Dr. Glenn E Bloore Beverly Hills, CA 90212-4804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Charles R Bocks III San Jose, CA 95125-5101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jesmine A Boghawala Cerritos, CA 90703-5365	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Suneet Boparai Santa Clara, CA 95050-6503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joseph Frederick Borg Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Michael D Borovac Palm Desert, CA 92260-4305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gregory James Borrowdale Folsom, CA 95630-3885	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David Rossi Boschken San Jose, CA 95119-1432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bruce E. Bosler Vacaville, CA 95688-4246	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Juan Bosque San Diego, CA 92111-3745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Robert L Bosworth San Diego, CA 92111-2255	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Adriano M Bottene Walnut Creek, CA 94598-3386	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kelly Boulom Sanger, CA 93657-2296	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maha Mourani Bouz Ontario, CA 91764-4659	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stephen Warren Bowen Glendora, CA 91741-3316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/31/2019	Dr. Robert Lee Bowling Gridley, CA 95948-3041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Thomas B. Bozeman Santa Rosa, CA 95405-6617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark L Bradford Chico, CA 95973-7717	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nicholas John Brajevich Torrance, CA 90505-5939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael John Brandolino Santa Monica, CA 90401-1614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/31/2019	Dr. Dale E Brandon Huntington Beach, CA 92648-1714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jasleen K Brar Tustin, CA 92780-3424	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Peter Hanny Brenn Burbank, CA 91506-2411	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Timothy G Bricca Larkspur, CA 94939-1807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Luzana Brignon San Jose, CA 95127-2463	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/31/2019	Dr. John W. Bristow Vallejo, CA 94591-8475	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. William R.K. Britton Jr. San Diego, CA 92126-4806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey Eastman Brockett San Diego, CA 92130-2833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Charles David Brodsky Lakewood, CA 90713-1949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joel F Brodsky Lakewood, CA 90713-1949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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1/31/2019	Dr. Robert C Brombacher Vista, CA 92083-5103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Christopher Bronzini Millbrae, CA 94030-1915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Warren Randolph Brooks Los Angeles, CA 90045-3819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nathan Charles Brott Grass Valley, CA 95945-5086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Augusto Brown Los Angeles, CA 90022-2519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>559</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Donald M Brown Alameda, CA 94501-4464	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Julia E. Brown Rancho Cucamonga, CA 91737-6942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard W Brown Rancho Mirage, CA 92270-4959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard D Browning Santa Cruz, CA 95060-4136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Michael E Bruce Santa Barbara, CA 93101-2536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>560</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Robert D Bruce Fort Bragg, CA 95437-5404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ronald E Brunick San Luis Obispo, CA 93401-1708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. J Sterling Bryan Taft, CA 93268-2320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Leonard Stephen Buchanan Santa Barbara, CA 93101-2536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark E Buchman Stockton, CA 95207-5513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>561</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Gloria M Buckwalter San Bernardino, CA 92407-4118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lisa Annette Buda San Mateo, CA 94401-3928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marcela Giraldo Buendia Buena Park, CA 90621-5003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rodney Jay Bughao El Dorado Hills, CA 95762-9339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dennis K Buhler Tulare, CA 93274-4214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>562</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Dai H. Bui Montclair, CA 91763-1658	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michelle Truc Bui Santa Ana, CA 92704-1383	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. PhuongLy T Bui Santa Ana, CA 92704-2339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stacey Bichdao T. Bui San Mateo, CA 94403-1729	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Uyen Khanh Van Bui San Jose, CA 95111-1923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>563</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Christine Thanh-Ha Bui-Tillman Westminster, CA 92683-7071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rex L Bullock Corona, CA 92882-4362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Sophia Irina Bulucea Cupertino, CA 95014-3217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dwayne R Burbach Atascadero, CA 93422-4431	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Joseph A Burian Los Angeles, CA 90066-2399	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>564</u> of <u>1677</u>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Darryl D Burke Concord, CA 94518-3690	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Deirdre Grace Burke Greenbrae, CA 94904-2024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Matthew T Burke Rodeo, CA 94572-1434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael Walter Burke Temecula, CA 92591-5552	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark L Burr Union City, CA 94587-4940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>565</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Rodney P Burton Thousand Oaks, CA 91360-8202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael W Buskirk La Mesa, CA 91941-8523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steve Byun San Francisco, CA 94105-1576	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Jane E Caballero Playa Del Rey, CA 90293-6208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Carol L. Cabanas Rancho Mirage, CA 92270-4961	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>566</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/31/2019	Dr. Kristian E Cabugao American Canyon, CA 94503-1391	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Angela Cacciatore San Mateo, CA 94401-3714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gilbert Escobar Cacho Anaheim, CA 92802-2408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Trilla R Cajulis Chula Vista, CA 91914-4521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey E Calhoun Lompoc, CA 93436-7082	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>567</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/31/2019	Dr. Terrak E. Calvert San Jose, CA 95116-1908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Paul A Cameron Corte Madera, CA 94925-1710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. R. Douglas Campbell San Diego, CA 92103-6307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Diana M Canter Anaheim, CA 92801-1818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Tonia Lee Cantrell Moreno Valley, CA 92553-7527	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/31/2019	Dr. Daniel M. Capponi Napa, CA 94558-3040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Johanna Genevieve Caputo San Juan Capistrano, CA 92675-2724	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hernan Cardenas Campbell, CA 95008-6769	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John Mario Cargasacchi Cerritos, CA 90703-5358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brian Carkeet Bishop, CA 93514-3314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>569</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. William V Carlo San Diego, CA 92108-5863	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Craig Eric Carlson Vacaville, CA 95688-4502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gregory Mark Carlson Valley Center, CA 92082-7244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Scott S Carmichael Oceanside, CA 92054-6033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Timothy Lee Carpenter Poway, CA 92064-4612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>570</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Derek K. Carson Oxnard, CA 93030-4927	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Leroy K Carson Oxnard, CA 93030-4927	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Ronald A Carter Los Banos, CA 93635-4728	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. William M Carter Bishop, CA 93514-2627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joshua Wallace Cartter Loma Linda, CA 92354-3406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>571</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Joseph Marco Cassara Mountain View, CA 94040-3250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. D. Douglas Cassat San Diego, CA 92124-2613	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jairo Castro Montebello, CA 90640-3040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert L Catron Cameron Park, CA 95682-8453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Russel Kyle Catterlin Monterey, CA 93944-3403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Richard O Cavallaro Lemon Grove, CA 91945-2667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Joseph Richard Cave San Diego, CA 92103-2117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James J Cecchini III Montebello, CA 90640-3667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Frank Leal Ceja National City, CA 91950-7451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alvin J Cenabre Fremont, CA 94536-7423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>573</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Thomas D Cerniglia Northridge, CA 91324-5512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rupinder Chahal Modesto, CA 95350-6507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jerry Michael Chalupnik Calipatria, CA 92233-9633	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Carlton D Chan San Lorenzo, CA 94580-1609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Christopher T. Chan Sacramento, CA 95834-2596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Clifton R Chan San Lorenzo, CA 94580-1609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Derrick Marcus Chan San Francisco, CA 94121-2207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Fiona C. Chan Upland, CA 91786-4084	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ivy Chan San Francisco, CA 94109-2549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ken S Chan Merced, CA 95348-1210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/31/2019	Dr. Linda H Chan Baldwin Park, CA 91706-4802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Martin D Chan West Sacramento, CA 95691-3344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Milton D Chan Pasadena, CA 91101-4456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Raymond K. Chan San Lorenzo, CA 94580-1609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Sherman Chan Mill Valley, CA 94941-2219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>576</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/31/2019	Dr. Steven D. Chan Fremont, CA 94538-1736	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. William W L Chan Santa Monica, CA 90405-4950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Anna Chandsawangbhuwana Irvine, CA 92612-2729	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alexander Chang Irvine, CA 92604-0329	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Andy Han Chang Pasadena, CA 91101-2564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/31/2019	Dr. Fu Sheng Frank Chang Garden Grove, CA 92843-2619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jonathan Duk gen Chang Fremont, CA 94538-1736	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kevin Frank Chang Roseville, CA 95661-4646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maximilian Chang La Habra, CA 90631-1025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alice Hy Chao Monterey Park, CA 91754-2904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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1/31/2019	Dr. Wei-Yi Yvonne Chao Walnut Creek, CA 94597-1873	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Edward A Chapin Simi Valley, CA 93065-4655	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lawrence Hei-fei Char Beaumont, CA 92223-2550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shareen Char-Fat Sacramento, CA 95825-6317	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Allan H Charles Pasadena, CA 91101-4457	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/31/2019	Dr. Steven S Chase San Rafael, CA 94903-5149	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Thanh Kinh Chau Los Altos, CA 94022-2902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Charlene X Chen San Francisco, CA 94122-4241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chien-Chuan Chen Rowland Heights, CA 91748-3003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Eddie Chi-Fai Chen San Jose, CA 95122-2540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>580</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Esther L Chen Buena Park, CA 90620-3238	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. George David Chen Jr. Folsom, CA 95630-3885	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Harvey H Chen Walnut, CA 91789-5043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Henry Shing-Wu Chen San Gabriel, CA 91776-3160	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Howard Yimin Chen Monterey Park, CA 91754-1707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>581</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Hsin-Chiang Chen San Gabriel, CA 91776-3160	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. J. James Chen San Mateo, CA 94401-4308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jennifer Ming-I Chen Hayward, CA 94541-4004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Julian W Chen Santa Monica, CA 90403-4749	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kevin Pengjen Chen Elk Grove, CA 95758-8072	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>582</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Lin Lin Chen Pleasanton, CA 94566-6130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Linda Ning Chen Dublin, CA 94568-3178	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael M Chen Martinez, CA 94553-6867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Pai-Jen Chen South Pasadena, CA 91030-6218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Peter Chen San Jose, CA 95133-1938	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Richard Z Chen Ceres, CA 95307-1827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brian C Cheng San Jose, CA 95128-4830	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Daniel D Cheng San Gabriel, CA 91776-1403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joseph T Cheng Rancho Cucamonga, CA 91730-0744	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Justin Cheng Fremont, CA 94536-3800	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>584</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Andrew Cheung Oakland, CA 94609-3119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Craig Cheung South Pasadena, CA 91030-3808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David T Cheung Chula Vista, CA 91910-2801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. George Ka Chun Chew Alhambra, CA 91801-4710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard Y Chew Tarzana, CA 91356-6406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>585</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Rodney C Chew San Francisco, CA 94133-4849	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Justin Ming-Yang Chien Placentia, CA 92870-3406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mary Miao-Ju Chien Hacienda Heights, CA 91745-5523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James W Childress Davis, CA 95616-0672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Harry Chin San Francisco, CA 94109-3021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>586</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Melissa A Chin Oakland, CA 94602-1242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Karl H Ching San Leandro, CA 94577-4838	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stephen W Ching San Leandro, CA 94577-4702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lamphong L Chittaphong San Diego, CA 92126-4581	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Anna O Chiu Westminster, CA 92683-6978	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>587</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/31/2019	Dr. Daniel Ho Chiu San Francisco, CA 94108-4208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James Cheng-Pang Chiu Fountain Valley, CA 92708-3348	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Craig N Chlebicki Brentwood, CA 94513-2223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Eric H. Cho Beverly Hills, CA 90212-1840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Eric Hsienyue Cho Laguna Hills, CA 92653-4337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
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1/31/2019	Dr. Frederick R. Cho San Mateo, CA 94401-2672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John H Cho Long Beach, CA 90815-1448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nam S Cho Glendale, CA 91207-2123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nami Cho San Francisco, CA 94102-1315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ting Ferrah Cho Hacienda Heights, CA 91745-3722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/31/2019	Dr. David Yongje Choi Riverside, CA 92506-2208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Haewon Choi Los Angeles, CA 90005-3042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jane Yun Young Choi San Francisco, CA 94107-2455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jessica W Choi Loma Linda, CA 92350-1706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kelvin C Choi South San Francisco, CA 94080-5413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Michael Choi Irvine, CA 92618-3171	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Carolyn Eun Chong Irvine, CA 92604-8654	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Carolyn M Chong Berkeley, CA 94705-1169	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Leonard Scott Chong Union City, CA 94587-4359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ameet K Chopra Manhattan Beach, CA 90266-7030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Juin-Yeh Chou San Jose, CA 95128-5121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stephen Hsien-Hong Chou Fullerton, CA 92832-1544	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Albert Chow Thousand Oaks, CA 91361-1008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Russell G Choy San Francisco, CA 94108-4109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. John B Chrispens Newport Beach, CA 92660-0755	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Don R Christensen Fresno, CA 93720-3366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. David Pierce Christianson Hollister, CA 95023-5641	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Andrew Eunho Chu Tustin, CA 92780-7919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Giang Huong Chu Gilroy, CA 95020-7348	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Toan M Chu San Jose, CA 95116-1619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Alan Chun San Ramon, CA 94583-3960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kalfred Goon Chun Santa Maria, CA 93454-6605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tedmund T Chun Windsor, CA 95492-9338	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ava Pei Chung Hesperia, CA 92345-9127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Christine Jin-Ha Chung Los Alamitos, CA 90720-2686	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Daniel T Chung Glendale, CA 91208-1402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Heejay A Chung San Francisco, CA 94118-1953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeannie Chung Fremont, CA 94538-1518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mi Young Chung Anaheim, CA 92801-1966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Peter Robert Chung Napa, CA 94558-5424	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Yu-Chi Ricky Chung Fontana, CA 92337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Scott P Churchill Rancho Cordova, CA 95670-4265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Ming-Ya J Chwu La Mirada, CA 90638-1653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jong-Huey Judy Chyi Oakland, CA 94609-3105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$36.67	\$145.00	
1/31/2019	Dr. Tania Cisneros Zamudio Rancho Cordova, CA 95670-6396	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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1/31/2019	Dr. Sara B Cizek Ventura, CA 93003-4251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael J Clapper Palm Springs, CA 92262-7921	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Adriana del Pilar Clark San Jose, CA 95125-4358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tom H Clark San Jose, CA 95123-2701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$44.57	\$109.01	
1/31/2019	Dr. Donald Earl Clarke Sacramento, CA 95821-3902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/31/2019	Dr. Wendell David Clove Grass Valley, CA 95945-5756	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Daniel J Cobb Piedmont, CA 94610-1079	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Mark E Cocchi Long Beach, CA 90806-1724	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alethea C. Coelho Visalia, CA 93291-4523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Aaron Scott Cohen Concord, CA 94520-2083	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/31/2019	Dr. Jeffrey Lee Cohen Covina, CA 91723-1902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lou S Cohen Fresno, CA 93711-3707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Melvin Cohen Huntington Beach, CA 92647-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Matthew Comfort Roseville, CA 95661-3097	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joseph Reed Cook San Diego, CA 92109-2524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/31/2019	Dr. Clayton T Cooke Fallbrook, CA 92028-2960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Mary C. Cooke Napa, CA 94558-3266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard A Cordano Yuba City, CA 95993-8346	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Elizabeth Ursua Corpus Rancho Cucamonga, CA 91730-3506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James W Correa Newport Beach, CA 92660-7539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
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1/31/2019	Dr. Suzanne Coulter Arcadia, CA 91007-9263	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Cynthia L. Cox Oakland, CA 94609-2823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Harold Marcus Cox Redding, CA 96002-2136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael D Crawford San Diego, CA 92113-3014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Craig Creasey Nevada City, CA 95959-2720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>601</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jean L. Creasey Nevada City, CA 95959-2720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David S Crockett Hayward, CA 94541-4005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Kenneth O. Crosby Fresno, CA 93710-5276	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Curtis W Cross Hacienda Heights, CA 91745-6305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Daniel J Crowley Torrance, CA 90503-4826	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>602</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jude Crutchfield Rocklin, CA 95765-5562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ethel Silvestre Cruz Corona, CA 92882-2790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chrystle C. Cu San Mateo, CA 94401-3838	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Washington Cullampe Perris, CA 92571-2518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Grey J Cunningham La Jolla, CA 92037-5138	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>603</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Sarah Apostol Cupino Artesia, CA 90701-6844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard J Curotto Oakland, CA 94609-2823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Priscilla Cury Rosa Garden Grove, CA 92840-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Thomas E Cyr Rolling Hills, CA 90274-4030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joseph D' Angelo La Jolla, CA 92037-4550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Priyadarshan A Dabir Carlsbad, CA 92009-8974	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Farhad Daftary Oxnard, CA 93036-0638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Catherine Mendoza Dalma Fresno, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sarkis Agop Damargi Glendale, CA 91205-2806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Calvin Dang Fountain Valley, CA 92708-2532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>605</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Loan Kim Dang Long Beach, CA 90813-3550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Peter Huu Dang Garden Grove, CA 92843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shannon Duyen Dang Sacramento, CA 95835-2311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Theresa Hanh Dang Fresno, CA 93726-4023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marissa C. Danganan Berkeley, CA 94705-1716	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>606</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Christopher Sean Daniel Rohnert Park, CA 94928-2932	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ninh Thi-Anh Dao San Jose, CA 95148-2932	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Phuong-Thao T. Dao Gardena, CA 90249-3700	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sony Dao Fresno, CA 93727-3811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Pamela Marie Dassenko San Luis Obispo, CA 93401-4800	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>607</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Daniel Reeve Dastrup Atwater, CA 95301-3502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jennifer Renee Datwyler El Dorado Hills, CA 95762-9316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sherwin N Davidson Los Angeles, CA 90035-1130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Lisa Lu Davis Paso Robles, CA 93446-7048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marbea Santos Dazo Cerritos, CA 90703-2718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>608</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Michael R De Anda Sacramento, CA 95831-5002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Phil H De Bry Mariposa, CA 95338	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Frank I De Czito Santa Monica, CA 90403-5680	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Elmer S De Leon Hayward, CA 94541-2917	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Romulo L De Leon San Bernardino, CA 92408-3427	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>609</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Martha Eugenia De Los Rios Sacramento, CA 95825-2018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Donald M. De Vincenzi Napa, CA 94559-2831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jon Patrick Dean Monterey, CA 93940-4507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marc C DeBerardinis Petaluma, CA 94952-2914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Leyli Dehghan-Shiraz Beverly Hills, CA 90210-5016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>610</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Harley A Deisem Jr. Norco, CA 92860-8164	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Lewis M Del Debbio Represa, CA 95671-3001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Donald P Del Testa Fresno, CA 93710-6079	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey Michael Deledonne Riverside, CA 92504-2756	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alfonso Otto Delgado Stockton, CA 95207-4344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Michael Floyd Delmont Los Angeles, CA 90048-6144	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Linh X Deluca Stockton, CA 95205-4256	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Andrea Bakke Delurgio Citrus Heights, CA 95610-7949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Amanda Delwiche Santa Rosa, CA 95405-9115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Garabed Gary Demerjian Glendora, CA 91741-3316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Krikor Z Derbabian Glendale, CA 91202-2589	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ara Aroch Derkejian Hanford, CA 93230-4590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Amiben Sanjay Desai Milpitas, CA 95035-5412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mamta Vinayak Desai Santa Clara, CA 95051-6667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mina Rajendra Desai San Carlos, CA 94070-2413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Nayana P Desai Bell, CA 90201-1128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Satyen Harshad Desai Modesto, CA 95351-4901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tejas Sanmukh Desai Dublin, CA 94568-2923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brandon Mckay Dever Auburn, CA 95603-2554	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John C Deverman Walnut Creek, CA 94598-4430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Rocio D. Deza Moreno Valley, CA 92553-9674	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maninder Dhillon Modesto, CA 95350-6507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nimrat Dhillon Seaside, CA 93955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Ravneet K. Dhugga Fairfield, CA 94534-6876	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. William Joseph Di Zinno National City, CA 91950-3263	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/31/2019	Dr. Ehsan Diab Fresno, CA 93711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Naresh Dialani Orange, CA 92868-2610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mehrnoosh Natalie Dianati Agoura Hills, CA 91301-4915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Luis M Diaz Santa Rosa, CA 95401-4704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Osleydis Diaz San Mateo, CA 94401-4273	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jeanie Diep Murrieta, CA 92563-7709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Andrew Dinh Hayward, CA 94541-3911	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Anh Mai Dinh Los Gatos, CA 95032-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael Jon Dinius Redding, CA 96002-0636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Stanley A. Dittman Napa, CA 94559-1618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Rudolph E Dittrich Cupertino, CA 95014-3017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Gordon H Dixon San Diego, CA 92128-2404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Howard R Dixon San Diego, CA 92121-3748	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Scott Dixon Sebastopol, CA 95472-4236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tantra Djaya Whittier, CA 90605-2727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Dat-Minh Do Monterey Park, CA 91754-2704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Han Ky Do Sacramento, CA 95816-6543	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hung KY Do Elk Grove, CA 95758-7961	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jonathan Do Poway, CA 92064-3548	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kim Chi Thi Do El Monte, CA 91732-2114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Matthew Sueng Chong Do Monterey, CA 93940-3324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael Do San Diego, CA 92121-3753	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Muu N Do Westminster, CA 92683-5531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Doran Zoltan Dobranszky Goleta, CA 93117-2272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Carla S Dodge Alameda, CA 94501-4296	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Ma Perez Dominguez Vallejo, CA 94591-5518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gregory C Don Encino, CA 91436-2611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tsvetanka Aleksandrova Doncheva Placentia, CA 92870-2910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$48.31	\$145.01	
1/31/2019	Dr. Patricia K. Donnelly Glendora, CA 91741-6239	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gina Dorfman Canyon Country, CA 91351-3723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. William M. Dorfman Los Angeles, CA 90067-2019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nazila Doroodian Atherton, CA 94027-3803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Abhay N Doshi Farmersville, CA 93223-1641	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Patrick P Doucette Firebaugh, CA 93622-2221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Marie Doulaverakis Lakewood, CA 90713-1002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Kevin Thomas Dowd Pleasant Hill, CA 94523-2851	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Melisa Arlene Doyle Antioch, CA 94509-4965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Daniel C Dozier Stockton, CA 95207-8222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Charles Joseph Dressman Jr. San Jose, CA 95125-5115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James B Du Hamel Valley Springs, CA 95252-8348	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Wallace E Duffin Hemet, CA 92543-4078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. John E Duling Fallbrook, CA 92028-4007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stevan P. Dumas Culver City, CA 90232-6853	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bernadette N Dunlap Torrance, CA 90505-4991	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Craig Albert Dunlap Pleasanton, CA 94566-6126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Robert Marsh Dunlap Chula Vista, CA 91910-2845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Bryan Loren Dunn Hemet, CA 92543-4243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jessica Goldenberg Dunne Ventura, CA 93003-7869	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ai-Quyen Tanya Duong Fountain Valley, CA 92708-5409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Andy Duong El Sobrante, CA 94803-3052	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/31/2019	Dr. Jimmy Duong San Jose, CA 95131-1935	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Xuan Ke Duong Sacramento, CA 95835-2311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brent Douglas Dupper Loma Linda, CA 92354-3130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard S Durando Menlo Park, CA 94025-4743	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Ben Wilder Eby Phelan, CA 92371-3901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>626</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/31/2019	Dr. Christopher John Edgerton Arroyo Grande, CA 93420-3110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John E Edgerton Arroyo Grande, CA 93420-3335	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Julia Marlys Edgerton Nipomo, CA 93444-9123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Liviu Florian Eftimie Riverside, CA 92506-2606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James L Eggleston Turlock, CA 95382-2405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>627</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. David Ehsan San Francisco, CA 94108-4201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jean-Jacques Elbaz Beverly Hills, CA 90212-2614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark F. Elder Novato, CA 94947-2934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Monika Katalin Elek Pleasant Hill, CA 94523-3395	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mohamed I Elhassanin Sacramento, CA 95825-2152	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Bradley Allen Eli Encinitas, CA 92024-4939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark Leon Ellis Orange, CA 92868-3929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jon C Ellison Simi Valley, CA 93065-3524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Naomi L. Ellison Los Angeles, CA 90024-2644	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Kerisa S Elloway Eureka, CA 95501-0701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/31/2019	Dr. Norman I Elloway Novato, CA 94945-3100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Peter Hiroshi Endo Torrance, CA 90505-3766	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Victor M Enriquez San Jose, CA 95111-1923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Barry S Erbsen North Hollywood, CA 91602-2341	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Mayra Elizabeth Escobar Redwood City, CA 94062-1340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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1/31/2019	Dr. Jeuel De Los Santos Espanola Newark, CA 94560-4408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jennifer Anne Espejo San Jose, CA 95132-3129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joshua R Espejo San Jose, CA 95132-3129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Antonio Essapour Turlock, CA 95380-4542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Laurie McCullough Estes Albany, CA 94706-1126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/31/2019	Dr. Rosa Maria Estrada Salinas, CA 93906-3460	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hirbod Eteessami West Hollywood, CA 90069-3710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey Baird Evans Fresno, CA 93720-2698	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lawson Eric Evans Novato, CA 94947-2934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. William W Evans Redding, CA 96001-0230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Scott Gavin Ewing Concord, CA 94520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Zahra Ezzy Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Roman Fabian Tarzana, CA 91356-6341	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Marissa Valmonte Faeldan-Suarez Culver City, CA 90230-5512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ronald J Fair San Leandro, CA 94577-5103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 633 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Michael I Falke Monterey, CA 93940-4606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Afshin Fallah Carlsbad, CA 92008-1950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Wen S Fan San Jose, CA 95128-4830	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Noushin K Fani Los Angeles, CA 90049-2324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Arta Farahmand Torrance, CA 90505-3757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>634</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Makhmal Farhadian Los Angeles, CA 90056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Amanda P Farley Modesto, CA 95355-4229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alexander A Farnoosh Beverly Hills, CA 90211-1949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Farshin Farokhian Lake Forest, CA 92630-2790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Fariborz Farsio Huntington Beach, CA 92648-1718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Liza Fartash San Jose, CA 95112-1931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ramin Farzadmehr Beverly Hills, CA 90211-1929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Edward S Fass Alturas, CA 96101-3934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kenneth F Fat Sacramento, CA 95825-6317	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Ardavan Fateh San Francisco, CA 94115-1546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>636</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Bertha America Favela Anaheim, CA 92806-4105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Khaled Sudki Fawaz Mission Viejo, CA 92691-5808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Haleh Fazeli Palo Alto, CA 94303-4642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ted F Feder Northridge, CA 91324-3523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$85.90	\$200.00	
1/31/2019	Dr. I. M Feldkamp III San Bernardino, CA 92408-3329	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>637</u> of <u>1677</u>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. David H Feldman Long Beach, CA 90815-1100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Alyson J Felesina San Jose, CA 95124-1911	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Douglas F Fenton San Francisco, CA 94111-3628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Zarrin Ferdowsi Kensington, CA 94707-1400	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Cristian Javier Fernandez Modesto, CA 95355-4245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 638 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Lyngladen Fernandez San Bernardino, CA 92408-4204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Manuel J Fernandez Woodland Hills, CA 91364-1461	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stephen N Ferraro Downey, CA 90241-4998	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Reed C Ferrick Santa Rosa, CA 95405-5215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ernest W Fessler San Ramon, CA 94583-3412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>639</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Carlos Enrique Feuillet-Latorre Sacramento, CA 95841-5403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John F Field Modesto, CA 95355-1768	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Joseph A Field Los Altos, CA 94022-4805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Galen E Filbrun Modesto, CA 95350-4568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Galen M Fillmore Chico, CA 95926-3976	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
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1/31/2019	Dr. Jennifer K Finerty Sacramento, CA 95814-4502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bryan D Fisch Ventura, CA 93003-1566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. James Edward Fitzgerald Brisbane, CA 94005-1343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard A Fitzloff San Mateo, CA 94402-3138	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Suzanne Molinary Fjarli Clearlake, CA 95422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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1/31/2019	Dr. Jeff Scott Fleming Redding, CA 96002-2325	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Andrew R Fletcher Modesto, CA 95355-4228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jun Royce M Flores Torrance, CA 90509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Diana C Fong Oakland, CA 94607-6523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Edward Fong Sacramento, CA 95816-5037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Garrett Scott Fong Temple City, CA 91780-2211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gloria W Fong Oakland, CA 94612-3303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. James K Fong San Francisco, CA 94102-1407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Randy Fong Santa Ana, CA 92704-7315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sheryl L Fong Sacramento, CA 95831-6119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>643</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Mauricio Fonrodona Fillmore, CA 93015-1690	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jason Thomas Ford Santa Rosa, CA 95405-6617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John D Ford El Cerrito, CA 94530-2961	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Julie Neal Forstadt Sonoma, CA 95476-7010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David T Fosdahl Castro Valley, CA 94546-5432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Scott E Fosse Fresno, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael D Foster Stockton, CA 95207-5516	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Irene Marie Fowell Lakewood, CA 90713-2307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nelly Porras Fowler Santa Ana, CA 92706-3679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lesley M Fox Campbell, CA 95008-4302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Stephen C Francis Martinez, CA 94553-4600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Larry V Franz Oakland, CA 94612-2823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Mary Jo Frazier-Wilzig Santa Monica, CA 90404-2047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brian D Frederick Ojai, CA 93023-2443	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Daniel C. Freeman San Anselmo, CA 94960-2040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	03/31/2019	Page <u>646</u> of <u>1677</u>
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California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Vincent John Freemantle Novato, CA 94945-2457	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert E Fremont San Diego, CA 92109-2904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. William C Frey Los Gatos, CA 95030-7220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Kenneth B Frostad Citrus Heights, CA 95610-7790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Fredrick Paul Fruhling II Torrance, CA 90501-3203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jeffrey William Fruin Carlsbad, CA 92009-8976	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Christine Fu Redding, CA 96001-1050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Jon D Fuiks Sacramento, CA 95816-5114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Steven H Fujimoto Mammoth Lakes, CA 93546-2073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Norman Dartt Fuller III San Jose, CA 95131-1858	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>648</u> of <u>1677</u>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Frederick D Fullmer Menlo Park, CA 94025-4432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Wendy Won-Ye Fung San Francisco, CA 94116-2308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dean A Furkioti Redondo Beach, CA 90277-5468	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael W Gable San Diego, CA 92131-1092	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. William E Gable San Diego, CA 92131-1092	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>649</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/31/2019	Dr. Mary Lou Gaerlan Fairfield, CA 94534-4175	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Laura M Gaeta-Wilson Santa Rosa, CA 95405-4505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	(\$7.88)	\$145.00	
1/31/2019	Dr. Maytal Gal Encino, CA 91436-2611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Douglas Galen Beverly Hills, CA 90211-2004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Beatriz Regina Galofre Roseville, CA 95661-4540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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1/31/2019	Dr. Rudolph S Gamarnik Huntington Beach, CA 92647-5316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Qian Lisa Gao Los Angeles, CA 90024-3417	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Daniel L Garcia Downey, CA 90241-3442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jose Luis Garcia Temecula, CA 92591-5547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Patrick David Garcia Highland, CA 92346-5811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/31/2019	Dr. Reza R Garemani Van Nuys, CA 91401-1410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Shakeh Garibyan La Crescenta, CA 91214-1023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Randy William Garland Encinitas, CA 92024-3782	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bella Shen Garnett San Francisco, CA 94118-1953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Timothy R. Garofolo San Diego, CA 92128-2453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/31/2019	Dr. Christina Gasper San Francisco, CA 94108-4202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dora Koros Gavros Belvedere, CA 94920-2516	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steven Irwin Geduld Twentynine Palms, CA 92277-2582	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kim C. Gee Half Moon Bay, CA 94019-1727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Susan J Gefvert Concord, CA 94519-2534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Stephen A Genus Sacramento, CA 95831-3581	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sona Georgian Westlake Village, CA 91361-4054	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rodrick Ghadimi Moorpark, CA 93021-1969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Amir Ghadiri San Jose, CA 95123-5403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ayeh Ghadiri San Jose, CA 95120-2905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>654</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Bahar Charlotte Ghafouri Irvine, CA 92604-4744	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dino Gharibian Burbank, CA 91501-2171	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Babak Ghassemi Oakland, CA 94609-2823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shahen Ghazarian Montebello, CA 90640-4222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Parisa Gheidarpour Twentynine Palms, CA 92277-2459	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Sudip Ghosh Sunnyvale, CA 94087-1307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marianna Ghularyan Burbank, CA 91505-1880	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Guy G. Giacomuzzi III Lake Arrowhead, CA 92352	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jennifer Giang Santa Ana, CA 92707-3651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James R Gibbons Los Angeles, CA 90004-3013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Thomas L Gibson Downey, CA 90240-3865	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David Haise Gilbert Upland, CA 91786-4052	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. William D Gilbert Granite Bay, CA 95746-9200	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$55.00	\$200.00	
1/31/2019	Dr. Michael L Gill Bakersfield, CA 93304-2001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Sher Himmat S Gill Williams, CA 95987	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>657</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/31/2019	Dr. Judy T Gillard Laguna Niguel, CA 92677-4423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert J Girardi Seal Beach, CA 90740-6205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Alexander G Gladkov Inglewood, CA 90302-4122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jerry H Glass Milpitas, CA 95035-5302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Howard Gene Glassman Diamond Bar, CA 91765-1023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>658</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Lorraine B Gock Santa Rosa, CA 95405-7014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. M Franklin Godfrey Jr Sacramento, CA 95825-2166	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Pooja Goel Santa Clara, CA 95050-6502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert J Goetze Salinas, CA 93901-3159	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$91.00	\$200.00	
1/31/2019	Dr. Sheetal S Gokhale Sunnyvale, CA 94087-1976	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Kenneth M Goldberg Santa Maria, CA 93454-4614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joel A Goldenberg Ventura, CA 93003-7869	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark H. Goldenberg Beverly Hills, CA 90210-4322	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Estela Goldman Los Angeles, CA 90036-4663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Eugene A Goldschmidt Arroyo Grande, CA 93420-3118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. John S Golgolab Huntington Beach, CA 92648-8010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hormoz Golian Northridge, CA 91324-5199	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jay T Golinveaux San Francisco, CA 94131-3235	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alan Golshanara Fair Oaks, CA 95628-3198	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kenneth Lowe Gong Livermore, CA 94550-4454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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1/31/2019	Dr. Hendrick Gerardo Gonzalez Santa Maria, CA 93458-5035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mary Ann Gonzalez Redwood Valley, CA 95470-9629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michelle Jo Gonzalez San Rafael, CA 94901-1820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rolando Oscar Gonzalez Santa Ana, CA 92701-5303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David M. Gordon Vallejo, CA 94591-8475	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/31/2019	Dr. Yoshihiro Goto Los Angeles, CA 90025-6810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mohamed Abdel-Aziz Gouda Porterville, CA 93257-1742	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeremy E Grabe Fresno, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James A Grabow Sonora, CA 95370-9260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Edithann Jennings Graham San Diego, CA 92107-3103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Robert Thomas Gramins Poway, CA 92064-2527	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Trent Eric Graves Walnut Creek, CA 94595-1623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. George H Gray Hemet, CA 92544-8498	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Regina Gray San Jose, CA 95123-2704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ronald J. Greene Manhattan Beach, CA 90266-6976	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. John P Greenwood Upland, CA 91786-5949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Steven E Greer Concord, CA 94518-3604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey P Gressard Millbrae, CA 94030-1259	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. P. Tim Griffin Watsonville, CA 95076-6018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Paul R Griffith Sunnyvale, CA 94087-4300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 665 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Nune Grigorian Alhambra, CA 91801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Raymond Grigorian La Crescenta, CA 91214-1307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Christopher Allan Groat San Pedro, CA 90732-3532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Phillip J Grossman Twain Hart, CA 95383-9405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert L Grove Jr. Santa Rosa, CA 95405-4722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Maurice R Growney Jr San Francisco, CA 94127-1115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jiuping Gu Milpitas, CA 95035-6827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David L. Guichet Orange, CA 92868-3837	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gregory Niles Guichet Orange, CA 92868-3837	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John A Guijon Huntington Beach, CA 92648-1714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>667</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jose O Guillen Los Angeles, CA 90024-3417	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joyce N. Gunawan Hayward, CA 94541-3020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael John Gunson Santa Barbara, CA 93101-2416	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Edmund Guo Los Angeles, CA 90049-4151	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jugal K. Gupta Fontana, CA 92337-1212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 668 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Richard Dean Guthrie Ladera Ranch, CA 92694-2179	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Martha L. Gutierrez Hawthorne, CA 90250-4612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Baltazar Guzman San Francisco, CA 94123-4111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Carmen Ha Santa Maria, CA 93454-8801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hien N. Ha San Jose, CA 95122-2674	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>669</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Kyminh Thuc Ha San Jose, CA 95121-1794	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Scott H Ha Santa Fe Springs, CA 90670-3142	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert A Haake San Jose, CA 95135-1641	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sangita Hablani Tustin, CA 92780-5174	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert G Hackim San Diego, CA 92131-4320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>670</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/31/2019	Dr. Neil Hadaegh Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nada El-Achkar Hadi Pomona, CA 91768-3308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Abeer A. Hafez Visalia, CA 93291-4113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joseph K Hahn La Palma, CA 90623-1748	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gregory Lane Hailey Fair Oaks, CA 95628-2505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>671</u> of <u>1677</u>
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1/31/2019	Dr. George P Hajjar Rancho Cucamonga, CA 91730-3457	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Arash Hakhamian Los Angeles, CA 90007-1323	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Assal Hakhamjani Los Angeles, CA 90035-2409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Matthew Laanan Hall Sacramento, CA 95819-3214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Paul Hall Daly City, CA 94015-4930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>672</u> of <u>1677</u>
NAME OF FILER		I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Thomas D. Hall Bakersfield, CA 93312-2659	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Terri Lynne Haller Monterey, CA 93940-2948	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Scott Clinton Hallsted Burlingame, CA 94010-4088	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Hajime Hamaguchi San Francisco, CA 94118-1701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Kris Saeko Hamamoto Palo Alto, CA 94306-1614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Richard H Hamaty Yorba Linda, CA 92886-4135	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Heidi Hame Lancaster, CA 93534-4785	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Reza Hamid Alameda, CA 94501-2986	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey Ashraf Hammoudeh Glendale, CA 91207-2123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sanaz Hamzhepour Torrance, CA 90505-4776	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Injoo Han Placerville, CA 95667-6284	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Pamela Zung Fung Han Stockton, CA 95210-3339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Homan Hanasab Van Nuys, CA 91405-5863	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Peri Lynn Hanawalt La Verne, CA 91750-4416	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Adam Lee Dale Haney Roseville, CA 95661-3993	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. James Marc Haney Covina, CA 91723-2049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Philip Jon Hankins Sacramento, CA 95816-5617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Candy Hans Gilroy, CA 95020-5033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kirk M Hanson Auburn, CA 95603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Amy C Hao Hesperia, CA 92345-1678	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Christopher George Harbour Tulare, CA 93274-4008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard Allan Hardt Porterville, CA 93257-3218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jaspreet Kaur Harika Fremont, CA 94536-3969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Harriet Haritakis Rancho Cucamonga, CA 91730-3457	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert Frederic Harley Cupertino, CA 95014-2371	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>677</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Lecia E Harmer Encino, CA 91436-4577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Andrew Thomas Harner Huntington Beach, CA 92648-1713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Eddie Harouni Los Angeles, CA 90024-4003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brian Christopher Harris Roseville, CA 95661-7747	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Armen A Hartoonian Pasadena, CA 91105-2562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Saima Hasnain Elk Grove, CA 95758-5964	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Austin Haught Fallbrook, CA 92028-9475	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ellen Y Hayashi Redondo Beach, CA 90277-5516	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kristy L Hayes San Diego, CA 92101-1473	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ali Heidari San Jose, CA 95128-1654	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>679</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Shahrzad Heidarian Palo Alto, CA 94301-2707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kamyar Hekmat Los Angeles, CA 90017-3910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Reza Hekmat San Diego, CA 92128-2427	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. A. Stephen Heller Laguna Hills, CA 92653-4344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Ana Claudia Helmbold San Ramon, CA 94583-1523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 680 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Delwin R Hemingway Salinas, CA 93906-5257	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Keith Chris Henderson San Diego, CA 92128-2502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jerrold Hennes Vista, CA 92081-9006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Roger Hennessey San Jose, CA 95139-1350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Patrick Henrie Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 681 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Joseph J Henry Jr. Tustin, CA 92780-1980	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steven A Hensley San Luis Obispo, CA 93401-7854	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Helen K Her San Jose, CA 95119-1343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Basel Herbly Maywood, CA 90270-2943	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Eric J Herbranson San Leandro, CA 94577-4839	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 682 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Randy D Hermans Camarillo, CA 93010-2466	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Marc-philippe Hani Hermes El Cajon, CA 92019-3757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rajinder Gill Hernandez Newark, CA 94560-1258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael W Herndon Quincy, CA 95971-9120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Mercedes Josefina Herrera Indio, CA 92201-8367	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Eric Randall Hershkowitz Taft, CA 93268-2329	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bryce L Hetler Sebastopol, CA 95472-3352	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Pamela Jeanne Hewitt-Smith Escondido, CA 92025-3219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bruce F Hicke Upland, CA 91784-1345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Michael A Hiersche Chico, CA 95928-5509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 684 of 1677
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1/31/2019	Dr. Ronald R Hilder Galt, CA 95632-2055	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nathan J Hinckley Redding, CA 96002-1884	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael Wesley Hing San Francisco, CA 94127-2346	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brock E Hinton Fair Oaks, CA 95628-3532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kimberly Hiroshige-Okumura Huntington Beach, CA 92648-1714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 685 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Robert C Hirst Mission Viejo, CA 92691-6406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Mark A Hise Eureka, CA 95501-1403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Ashley Huong Ho Hercules, CA 94547-1842	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Cuong C Ho San Francisco, CA 94127-1306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James Y S Ho Berkeley, CA 94705-2049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 686 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Vanessa Vee-San Ho Burbank, CA 91506-1348	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Victor Ho Rowland Heights, CA 91748-2918	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lana T Hoang Sacramento, CA 95811-3120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Nam X Hoang Jamestown, CA 95327	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nancy Lan Hoang Milpitas, CA 95035-6819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>687</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Dennis W Hobby Modesto, CA 95355-4229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kenneth E Hodgkins Palm Desert, CA 92260-2779	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Donald Robert Hodson Pomona, CA 91767-3620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Susana Hoe Sunnyvale, CA 94087-1934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jayne Hoffman Santa Clara, CA 95050-4517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 688 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Stuart Jeffrey Hoffman Calabasas, CA 91302-3324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$59.10	\$145.00	
1/31/2019	Dr. Oliver Carsten Hoffmann Redlands, CA 92373-5260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brett Andrew Hofmann Belmont, CA 94002-3488	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Natalie B Hogue Glendale, CA 91206-4283	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Norman L Hollis Anaheim, CA 92807-3508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$0.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 689 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Luz Cacho Holloway Torrance, CA 90502-2009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael B Holm Rancho Cordova, CA 95670-2106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Charles M Holman Whittier, CA 90603-2900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Kenneth A Holman Redwood City, CA 94062-3068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Gregory W Holve Valley Village, CA 91607-3829	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 690 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Edward K Hom Los Angeles, CA 90027-4408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. William Hom San Francisco, CA 94133-4848	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Barron Ko Hong Berkeley, CA 94705-2119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brian Y Hong Los Angeles, CA 90006-2807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gregory Hong Danville, CA 94526-3312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>691</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Louis Hong Freedom, CA 95019-3025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sung Je Hong Sunnyvale, CA 94087-2611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Yih Loing Hong Mountain View, CA 94041-1375	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Andrew M Hoover San Jose, CA 95124-2699	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rex W Hoover San Jose, CA 95124-2663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>692</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Michael Z Hopkins Redondo Beach, CA 90277-5715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steven Bryant Horne Encinitas, CA 92024-2071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Frederick Horwitz Northridge, CA 91324-5908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Serafin Parrino Hosena Jr. Long Beach, CA 90814-1207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. William M Hoshiyama Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 693 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. John E Hoss La Jolla, CA 92037-4267	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Kami Hoss Chula Vista, CA 91915-1010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Manijeh Hosseini Chula Vista, CA 91910-3954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lisa Hou West Covina, CA 91792-1639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brian A. Houston Benicia, CA 94510-3223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Lynne W Hsia Sonoma, CA 95476-6954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Erica Hsiao McClellan, CA 95652-1018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Julie Hsieh Calabasas, CA 91302-1952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Paul F Hsu Torrance, CA 90505-1920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Serena S Y Hsu Arcadia, CA 91007-9275	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>695</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Tiffany B Hsu San Jose, CA 95122-1800	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Wennifred S. Hsu Hollister, CA 95023-5616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gary Chih-Ming Hszieh Brea, CA 92821-5802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tin Tin Htwe San Gabriel, CA 91776-3927	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Fei-Ya Hu San Jose, CA 95129-4663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 696 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Herman Hu San Francisco, CA 94123-2907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Angela Ting-Yi Huang Torrance, CA 90504-3110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Annie Ming Huang Los Alamitos, CA 90720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chien-Ming Huang Temple City, CA 91780-2126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Eric Han-Peng Huang Pomona, CA 91767-3812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>697</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Howard Kuo Huang Morgan Hill, CA 95037-5688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James Shihjen Huang Dublin, CA 94568-3017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kelly Keilin Huang Pasadena, CA 91107-1430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mindy Huang Mountain View, CA 94040-2679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sandy Huang Sunnyvale, CA 94087-1063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 698 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Stanley Jianfeng Huang Sacramento, CA 95822-2015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lannette Renee Huffman Lakeport, CA 95453-3615	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Donald C Hugh Rolling Hills Estates, CA 90274-2534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. David Wallace Hughes Milpitas, CA 95035-6942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Thomas A Hughes Campbell, CA 95008-0519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>699</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

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1/31/2019	Dr. Norman H Hui Berkeley, CA 94705-2082	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Paul Ching Hui San Mateo, CA 94402-2311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. William V Huiras Paso Robles, CA 93446-2781	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Timothy Trang-Ming Hung Temple City, CA 91780-2420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Yuan-Lung Hung Chino, CA 91710-1403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Howard L Hunt Eureka, CA 95501-1953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael Allen Hunting Riverside, CA 92508-2420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Grace Sun Ae Hur Fullerton, CA 92833-1291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Sunny Young Hutchinson Pasadena, CA 91105-2656	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John E Hutton Arroyo Grande, CA 93420-3320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>701</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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1/31/2019	Dr. Linda U. Huynh San Jose, CA 95123-1220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Andrew M. Hwang Baldwin Park, CA 91706-4802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chiao-Tze Hwang Bakersfield, CA 93313-3481	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hun Hwang Torrance, CA 90504-3453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Justin Ducksin Hwang Los Angeles, CA 90019-2320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>702</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Phillip M Hwang Baldwin Park, CA 91706-4802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert B Hyde San Jose, CA 95129-5009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jean Hyun Daly City, CA 94015-2620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lans I Sunnyvale, CA 94087-1063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Miguel Ibarra Pleasant Hill, CA 94523-2946	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>703</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/31/2019	Dr. John K Ichiuji San Ramon, CA 94583-4144	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rodney Dean Ida Tustin, CA 92780-3155	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Terry Im San Francisco, CA 94108-4202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert T Imagawa San Francisco, CA 94102-1306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Edward M Ines Beverly Hills, CA 90210-4309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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1/31/2019	Dr. George J Ingham Greenfield, CA 93927-5651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ali Iranmanesh Concord, CA 94520-2056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Teresa Ann Isbell Auburn, CA 95603-4533	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Naomi J Ishibashi Irvine, CA 92604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Linden K Ishii Castroville, CA 95012-3422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>705</u> of <u>1677</u>
NAME OF FILER		I.D. Number
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1/31/2019	Dr. Viola Shaker Iskarous Huntington Beach, CA 92648-5461	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Samer A Itani San Francisco, CA 94108-4209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rodney Koji Ito Hayward, CA 94545-1521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kouichi C Itoh Costa Mesa, CA 92626-4651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ian M Iwane El Cerrito, CA 94530-3510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 706 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Luke H. Iwata Loma Linda, CA 92354-3811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. James Owen Jacobs Ventura, CA 93003-4460	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Karen Ann Jacobs San Francisco, CA 94108-4109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maureen Kiley Jacobs Castro Valley, CA 94552-5044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Thomas A. Jacobs San Francisco, CA 94108-4109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>707</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Megha Jadhav Fairfield, CA 94533-3642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ali Chaban Jadid Glendale, CA 91205-2315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Azadeh Jafarnia Danville, CA 94506-4699	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nasrin Jahangiri-Haghighi El Centro, CA 92243-3236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nidhi Jain Folsom, CA 95630-6458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 708 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Steven F. Jaksha San Diego, CA 92130-3083	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nicholas Stephen Jaksic San Pedro, CA 90732-3516	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dorsa Jalae Visalia, CA 93291-7905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marwan Amer Jamil Canoga Park, CA 91303-1743	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Amy Jang Milpitas, CA 95035-6977	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>709</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Andrew Timothy Jang San Francisco, CA 94102-1811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Bong Joon Jang Sunnyvale, CA 94087-2973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gail Chan Jang San Francisco, CA 94102-1811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$108.33	\$109.00	
1/31/2019	Dr. Jeffrey S Jang San Francisco, CA 94122-4324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Paul H Jang Moorpark, CA 93021-1469	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 710 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Seokwon Jang Fullerton, CA 92833-3034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nolan Spencer Jangaard Irvine, CA 92604-8656	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alexandra Esteves Rody Jaquery San Jose, CA 95123-1244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John Gregory Jaso Arcata, CA 95521-4734	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Douglas H Jaul Auburn, CA 95603-9522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 711 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Shahin Shawn Javid Valencia, CA 91355-5635	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nihad Jebrini Yuba City, CA 95991-3102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Valerie Tonnu Jenkins Rancho Cucamonga, CA 91730-6894	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Amanda Lynn Jenney Lancaster, CA 93535-3520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chad Eric Jensen Colfax, CA 95713-9036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>712</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Hyejin Jeon Los Angeles, CA 90057-1336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lesley Jeong South Pasadena, CA 91030-3808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Scott Donald Jereb Petaluma, CA 94952-2719	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tal D Jergensen Hemet, CA 92543-4361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bruce R Jespersen Cupertino, CA 95014-3025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 713 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Cho Jinyun Poway, CA 92064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Nelishah Jiwani Mountain View, CA 94040-3666	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey Joe Modesto, CA 95351-3509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Peter Stanton Joe South Pasadena, CA 91030-3213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chandni Patel Jogani Pasadena, CA 91101-2564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 714 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Lawrence G Johanson Mckinleyville, CA 95519-3914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. S Shaun Johanson Mckinleyville, CA 95519-3914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bruce W Johnson Poway, CA 92064-2066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Candice Rae Johnson Long Beach, CA 90815-3150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Elizabeth Anne Johnson Sacramento, CA 95831-5002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 715 of 1677
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Loche Miguel Johnson Sacramento, CA 95821-4379	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rachel Rebecca Johnson Montclair, CA 91763-2236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard M Johnson San Diego, CA 92126-7502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.01	\$109.01	
1/31/2019	Dr. Thomas C. Johnson Napa, CA 94558-9789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kimberly K Johnson Genc Newport Beach, CA 92660-7832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Mark W Joiner Santa Cruz, CA 95065-1526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Griffith Barry Jones Vista, CA 92083-6234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$159.00	\$159.00	
1/31/2019	Dr. Russell Scott Jones Placerville, CA 95667-8623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael W Jory Stockton, CA 95207-5257	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maria Lilibeth Licayan Jose Hayward, CA 94544-4157	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>717</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Achyut Jashinant Joshi Moreno Valley, CA 92551-3300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Francis Madarang Joven Elk Grove, CA 95758-7449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tom A Jow San Francisco, CA 94108-4204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jose V Juarez Gold River, CA 95670-4369	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lynn S Judd Folsom, CA 95630-3449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 718 of 1677
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Vivian Jui Irvine, CA 92618-3707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Nooshin Julian Fresno, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Daniel S. Jun Sacramento, CA 95823-2628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Paul H Jung Willow Creek, CA 95573	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kelli Ann Junker Newport Beach, CA 92660-8604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 719 of 1677
		I.D. Number 742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ronald A Jurgensen Newport Beach, CA 92663-3313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kimberly E Kaboos San Marcos, CA 92078-0915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tom T. Kadowaki	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	(\$109.00)	\$0.00	
1/31/2019	Dr. Brian Paul Kail San Francisco, CA 94108-4201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Fariba Kalantari Los Angeles, CA 90028-8020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>720</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Susie Kalinian Fresno, CA 93710-8620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Felix Kalman Walnut Creek, CA 94598-2854	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kambiz Kamangar Agoura Hills, CA 91301-2403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jasvinder K Kamboj Alameda, CA 94501-2920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Philip K. Kamins Pacific Palisades, CA 90272-5059	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>721</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Keith R Kanegawa Lodi, CA 95240-3835	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Andrew S Kang Los Angeles, CA 90005-3042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Christopher Kang Palmdale, CA 93551-1429	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David Min Kang Brea, CA 92821-8001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Yo-Hoon J Kang Santa Rosa, CA 95401-4644	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>722</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ann Mineo Kania Encinitas, CA 92024-2787	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ezra H Kantor San Rafael, CA 94903-3432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Grey Feder Kantor San Rafael, CA 94903-3432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shukan C Kanuga Santa Clarita, CA 91387-8329	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Samuel Y. H. Kao City Of Industry, CA 91748-1391	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>723</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Mohamed A Kaou Clovis, CA 93611-4028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mufaddal Fakhruddin Kapadia Westlake Village, CA 91361-1931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Keith A Kappes Oxnard, CA 93030-0150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Yerevan Moses Karagozyan Fullerton, CA 92832-1928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nestor Denis Karas Walnut Creek, CA 94596-8606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>724</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/31/2019	Dr. Anupama Karehalliraju Redwood City, CA 94061-3462	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Salauni R Karia San Diego, CA 92123-1422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Vandana Jagdish Karia San Jose, CA 95134-2038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ehsan Karimian San Rafael, CA 94901-2851	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Armen Karimyan La Quinta, CA 92253-2920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Hooshang G Kashani San Francisco, CA 94111-3823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Saloumeh Kashani Toluca Lake, CA 91602-2312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Eduardo D Kasparian Pasadena, CA 91106-2515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Silvia E Kasparian Los Angeles, CA 90071-2042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Paul Massood Kasrovi Berkeley, CA 94704-3374	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>726</u> of <u>1677</u>
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1/31/2019	Dr. Michael David Kasso Ripon, CA 95366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kimberly Hiura Kato Palo Alto, CA 94306-2511	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steven Hiroshi Kato Palo Alto, CA 94306-2511	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Vincent Katow South Pasadena, CA 91030-4879	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Vijayalakshmi Paddayya Katragadda Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>727</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Fadi J Kattar Azusa, CA 91702-2740	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Howard G Kaufman Long Beach, CA 90815-4019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John Richard Kavanagh Riverside, CA 92506-2604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gayle Noriko Kawahara Gardena, CA 90249-4317	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Ruth Keiko Kawakami San Pedro, CA 90732-3522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>728</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Neal M Kawazoe San Pedro, CA 90732-3515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. B. Jeff Kay San Mateo, CA 94401-2671	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Janet D Kazanjian Los Angeles, CA 90026-1310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Hossein Kazemi Roseville, CA 95661-4291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marcy Kazeminy San Jose, CA 95122-2102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>729</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ryan M Kearbey Oroville, CA 95966-6107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rebecca B. Keller Sunnyvale, CA 94087-3242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tom Douglas Keller Encinitas, CA 92024-3504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Pono Kelly Fullerton, CA 92831-5201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Russell A Kelly Orange, CA 92867-5902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>730</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Steven J Kend Torrance, CA 90505-3919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Richard C Kennedy Jr. Davis, CA 95616-1073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Nazli Keri Chula Vista, CA 91915-1010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David Michael Kern Palmdale, CA 93551-1454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Clifford D Kerr Lodi, CA 95240-5105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>731</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ryan N Kerr Tehachapi, CA 93561-2026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Vicki Vida Kestler Palmdale, CA 93551-1441	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Adel Sayed Khalil Berkeley, CA 94705-2050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ramin Khalili Los Angeles, CA 90049-3629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Wathiq Ismail Khamis Marina, CA 93933-3410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>732</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Shabnam Khanideh Santa Monica, CA 90403-4741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Angela M Khanna Stockton, CA 95210-3027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chris Khatchaturian Palmdale, CA 93550-4892	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Reza Khazaie Concord, CA 94520-5218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Harjit C Khehra San Jose, CA 95131-2429	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>733</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Kenneth K Khuu Bakersfield, CA 93301-4211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rex Y Kido San Jose, CA 95111-1917	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gordon S Kilmer Santa Ana, CA 92704-7319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David H Kim Long Beach, CA 90808-1540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David H. Kim Irvine, CA 92604-4732	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>734</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Frank H. Kim El Monte, CA 91731-2524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Inkwon Kim Los Angeles, CA 90005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James J Kim Monterey, CA 93940-2909	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jang-Wook Kim Los Angeles, CA 90036-4234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jekyong Jay Kim Milpitas, CA 95035-8925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>735</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jenny Ahn Kim Irvine, CA 92604-0323	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Johnny K Kim Los Angeles, CA 90019-1948	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joseph S Kim Santa Cruz, CA 95062-2104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. K. Andrew Kim Escondido, CA 92025-3432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kenneth K Kim Los Angeles, CA 90017-4006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>736</u> of <u>1677</u>
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1/31/2019	Dr. Kenny Y Kim Lakewood, CA 90715-1051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kimberly Hyunkyung Kim Sunnyvale, CA 94087-1180	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Luis Woong-Jin Kim Newport Beach, CA 92660-7635	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Matthew Y Kim San Luis Obispo, CA 93401-4006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Meeyoung Julie Kim Glendale, CA 91204-1537	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>737</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Michael Kim Pasadena, CA 91106-2506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rachelle Kim Los Angeles, CA 90034-7090	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Samuel I Kim Apple Valley, CA 92307-1200	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steven H. Kim Long Beach, CA 90815-3150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Youngjoo Kim Salinas, CA 93906-3614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Youngrim Kim Salinas, CA 93906-3614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stanley C Kimball III Laguna Hills, CA 92653-3616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. William Jon Kimball Santa Maria, CA 93454-5244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jennifer Kimiko Kimura Gardena, CA 90247-4028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey Robert Kindseth Dana Point, CA 92629-2509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>739</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Steven C Kindy Visalia, CA 93291-5803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark Alan Kinnsch Bakersfield, CA 93309-0676	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Craig Allen Kinzer Jackson, CA 95642-2557	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	(\$12.79)	\$200.00	
1/31/2019	Dr. Leon K Kiraj Glendale, CA 91208-1258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gary N Kitazawa Los Angeles, CA 90017-3905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 740 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Mark J Kizior Clovis, CA 93612-4749	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Adam C Kleiger Woodland Hills, CA 91367-2463	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rodney H Kleiger Pasadena, CA 91106-5362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kenneth R Klier Temecula, CA 92592-2418	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Albert E Klitzke Santee, CA 92071-4295	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>741</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Benjamin D Kloss Rocklin, CA 95765-3717	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Navid Nadershahi Knight South San Francisco, CA 94080-5412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard Bryan Knight Citrus Heights, CA 95610-7790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark Richard Koenen Danville, CA 94526-1741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kosal Kom Long Beach, CA 90804-5731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>742</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Kannan S Komandur Antioch, CA 94509-6123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Julius M. Kong Watsonville, CA 95076-3515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Anthony Louis Korbar II San Diego, CA 92130-3061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert S Koshiyama San Francisco, CA 94108-4207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Walter R Kosich Milpitas, CA 95035-5412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 743 of 1677
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jennifer Anne Koumaras Goleta, CA 93117-1711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. George Kon Koutsoukos Valencia, CA 91355-3904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Zareh Maurice Kouyoumdjian Studio City, CA 91604-2407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark Brian Kramer Irvine, CA 92620-3359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Randy Krant Yreka, CA 96097-3203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Joseph B Krauss Atherton, CA 94027-3811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kenneth W Krauss Bakersfield, CA 93301-4321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Anifa Krekian Montebello, CA 90640-2584	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark A Kretz San Diego, CA 92106-1904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Stephanie Kroll Ventura, CA 93003-2915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Amanda Kronquist Santa Ana, CA 92706-2610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Thaddeus Stanley Krzywicki Castro Valley, CA 94546-5432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ae Ran Ku Ukiah, CA 95482-5737	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey Keiichi Kubo Torrance, CA 90501-3203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Garrett Scott Kubota Aptos, CA 95003-3850	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 746 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Karen Lynn Kucharski Kings Beach, CA 96143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kalaivani Kulandaivelu Sunnyvale, CA 94087-3065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Erika Frianeza Kullberg San Diego, CA 92117-5492	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Melvin A Kum Burbank, CA 91505-4411	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sharon E Kumagai Long Beach, CA 90804-3316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>747</u> of <u>1677</u>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Gulshan Kumar San Ramon, CA 94583-4723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Elisa L Kuo Oakland, CA 94607-6516	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jane Yi-Jen Kuo San Jose, CA 95124-6212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Thomas R Kuo Los Angeles, CA 90004-5172	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jamie Sachi Kuratomi Soquel, CA 95073-2956	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 748 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Reed K Kuratomi Soquel, CA 95073-2956	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Rodger L Kurthy Coto De Caza, CA 92679-5155	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stephen K Kurumada Los Angeles, CA 90017-3908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Sanjay Kuruvadi El Cajon, CA 92019-3223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joshua Kusumo Walnut, CA 91789-2501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ray Kuwahara Torrance, CA 90505-4785	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Victor R Kvikstad Castro Valley, CA 94552-5284	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Kennie Kwok San Diego, CA 92103-2120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Eric Son Kwon Palo Alto, CA 94301-2918	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Arden L Kwong Sacramento, CA 95816-5007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Emily Y Kwong Los Angeles, CA 90025-6267	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David C Kyle Chico, CA 95928-7686	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John D La Joy Sylmar, CA 91342-3029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael L La Puma San Luis Obispo, CA 93401-2580	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Mark W Lai Sacramento, CA 95823-2040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ya-Hui Lai Yorba Linda, CA 92887-3747	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jose Abraham Laluz Vista, CA 92084-4602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Angeline-Diep Ngoc Lam Sacramento, CA 95816-4502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Carol Hanh Lam Los Angeles, CA 90017-2938	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kenneth S Lam Glendale, CA 91208-1424	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>752</u> of <u>1677</u>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Lucille Feng-Lin Lam Elk Grove, CA 95758-7920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Peter S Lam West Covina, CA 91790-3035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Phuong Bich Lam Los Angeles, CA 90061-1135	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Thai M. Lam Rancho Cucamonga, CA 91730-0341	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dennis Scott Lamb Antioch, CA 94509-4959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>753</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Patrice Lane Dublin, CA 94568-2326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chi C Lang Palos Verdes Estates, CA 90274-1204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Roger K Lang Stockton, CA 95219-6500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Kimberly M Lange Chico, CA 95926-1808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jesse L Lanzon Lompoc, CA 93436-2500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>754</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Antonio A. Lao Delano, CA 93215-2969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Elisa Aimee Larrondo Riverside, CA 92506-2374	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jorge Larrondo Hemet, CA 92543-4432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marc Reid Larson Riverside, CA 92506-4218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Neal A Lascoe Downey, CA 90240-4043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>755</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ronald Jay Lascoe Burbank, CA 91505-4339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brian A Lassiter Orange, CA 92868-4448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Leslie Ellis Latner Los Angeles, CA 90064-3973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Hla May Latt Riverside, CA 92507-5386	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tin Latt Fontana, CA 92335-6721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Calvin S Lau Los Angeles, CA 90017-4007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Casey K Lau Northridge, CA 91324-4040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Catherine Jyngwan Lau Dublin, CA 94568-2308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ju U Lawrence Paso Robles, CA 93446-2315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Laura D Lawson Albany, CA 94706-2147	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Maye Lazaar Los Gatos, CA 95032-2025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ventsislav M. Lazarov San Jose, CA 95117-1714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Anh Q T Le San Jose, CA 95122-1922	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Catherine Minh Le Palo Alto, CA 94306-2525	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Emmy M Le Long Beach, CA 90813-3510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Evelyn Quynh-Nhu Le San Jose, CA 95128-5222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Frank Lyhn Le Fountain Valley, CA 92708-1307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ha Thi Mong Le San Jose, CA 95131-1895	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jasmine Hoang Le Sunnyvale, CA 94086-5867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael H Le San Francisco, CA 94143-2210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$72.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Patrick Dang Le Westminster, CA 92683-6978	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Que Van Le San Jose, CA 95116-1913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tin Minh Le Union City, CA 94587-3913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Yvonne Py Le Turlock, CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James Carl Leamey Monterey, CA 93940-2906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>760</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Tyson Sumner Lechner Truckee, CA 96161-0442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alan S Lee Manteca, CA 95336-3782	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Allen Tsi Lee San Mateo, CA 94401-2418	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Allison Nan-yi Lee Rancho Palos Verdes, CA 90275-0817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Amy K Lee Berkeley, CA 94707-2108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>761</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Annie Y Lee San Francisco, CA 94116-2440	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Beom-Mo Lee Los Angeles, CA 90006-1016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Callin K Lee Modesto, CA 95350-1038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chan Young Lee Los Angeles, CA 90006-5906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Christy A. Lee Lancaster, CA 93534-3130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>762</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Clara Myung Lee Irvine, CA 92612-2729	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dustin Chris Lee San Bruno, CA 94066-3432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Frank H Lee Rowland Heights, CA 91748-2943	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Grace Heekyong Lee San Diego, CA 92121-2926	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ha Nguyen Lee Lake Forest, CA 92630-4812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Hart Hon Lee Alhambra, CA 91801-3547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hsin-Ying D Lee La Habra, CA 90631-3743	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James L Lee Walnut, CA 91789-2729	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jason S Lee Upland, CA 91786-4084	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey C Lee Tustin, CA 92780-3031	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>764</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jen-Sen Jason Lee Milpitas, CA 95035-4600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John K Lee Fresno, CA 93720-4340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joseph Lee Rancho Cucamonga, CA 91730-3570	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kam-Wan Lee San Francisco, CA 94108-2504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kenneth Kianto Lee Tarzana, CA 91356-1311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>765</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/31/2019	Dr. Kenneth V Lee Auburn, CA 95603-3226	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kevin Jeff Lee Sacramento, CA 95822-3517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lai-Fong Lee Santa Clara, CA 95051-3005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Luke B Lee Gardena, CA 90247-4016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Melissa Kim Lee Claremont, CA 91711-1612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Nomi Lee Beaumont, CA 92223-2550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Paul Y Lee Cupertino, CA 95014-2184	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Richard Sang Lee Fullerton, CA 92835-3816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert Chia-Hsing Lee Covina, CA 91722-3741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Soonki Lee Los Angeles, CA 90006-6507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Stanley T Lee San Jose, CA 95131-3309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Steve Chung Heon Lee Los Angeles, CA 90015-4269	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steve Siwoo Lee Pomona, CA 91767-5308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steven Lee Pacific Palisades, CA 90272-5002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sue Y. Lee Diamond Bar, CA 91765-2203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Sylvia Sang Lee Anaheim, CA 92804-4900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Wayne Wei-Chia Lee San Francisco, CA 94121-1910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Won-Joo Lee Oakland, CA 94610-2010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Christina N Lee Zertuche Modesto, CA 95350-1038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shirley Tan Lei Visalia, CA 93291-4119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>769</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Leonard C Lem Arcadia, CA 91007-7648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bruno Lemay Cathedral City, CA 92234-3349	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nicholas Lessenevitch California City, CA 93505-2666	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Albert Glenn Leung San Diego, CA 92111-3154	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mandy S Leung Dublin, CA 94568-2943	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 770 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Roya Levi Santa Monica, CA 90405-3688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Daniel E Levin Huntington Beach, CA 92648-8613	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Carly Blair LeVine Pacific Palisades, CA 90272-3741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David F Levine Burbank, CA 91505-4339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stephen D Levine Los Angeles, CA 90025-6808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>771</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Alan S Levy Tarzana, CA 91356-3640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Eunsun Sunny Lew Yreka, CA 96097-3209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kevin Edward Lew Los Angeles, CA 90004-6406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brenda Lamb Lewis San Mateo, CA 94401-2672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. J Dennis Lewis Jr. Brea, CA 92821-8001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>772</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. John M. Lewis Fairfield, CA 94533-3642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Paula M Leyman Long Beach, CA 90803-3401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Kehan Li San Mateo, CA 94401-2494	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lillian Lin Li Temple City, CA 91780-2208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Wendy P Liao Alameda, CA 94501-4633	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>773</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. John M Lies Garden Grove, CA 92845-2522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Yen Ngoc Lieu Sacramento, CA 95834-2322	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey G Light Sacramento, CA 95818-2539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. George Dig Lim Los Angeles, CA 90066-5917	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James D Lim Torrance, CA 90505-3943	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>774</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jung Lim Arcadia, CA 91007-1513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Krystle Lim Santa Rosa, CA 95401-9512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Larry Lim Vallejo, CA 94591-8039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shanna Lustre Lim Los Angeles, CA 90066-5917	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Soo Hyun Lim Pasadena, CA 91105-3263	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>775</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Steve Lim San Jose, CA 95128-1811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Vincent Lim Albany, CA 94707-2122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Albert Wang Lin Poway, CA 92064-2527	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ben Jin Lin San Rafael, CA 94901-6101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Christina Hsin-chieh Lin Hemet, CA 92543-4417	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 776 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Heng-Sheng Lin Cupertino, CA 95014-3006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James King Lin Anaheim, CA 92804-6607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Loong Chiin Lin San Gabriel, CA 91775-2426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Maximilian Sibby Lin Tustin, CA 92780-2785	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Michael Lin San Jose, CA 95129-4604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Sean Lin Anaheim, CA 92805-4524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steven Lin Mountain View, CA 94040-2679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tamara Lin San Pablo, CA 94803-7218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. William Wei-Lien Lin Temple City, CA 91780-2625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Christain Chih-Huei Lin-Burns Vista, CA 92081-8788	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 778 of 1677
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1/31/2019	Dr. Frederick W Lindblom La Mesa, CA 91942-9021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Sara K. Linstadt Fair Oaks, CA 95628-3173	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hana Deborah Litterman San Francisco, CA 94108-1616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Cheingli Cynthia Liu Upland, CA 91786-3636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chuping Liu Rowland Heights, CA 91748-5121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 779 of 1677
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Dai-Chen Liu San Jose, CA 95129-4663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Johnny Sing-Lung Liu Alta Loma, CA 91701-6421	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steven K Liu Los Angeles, CA 90022-1324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Tsang Pin Liu Modesto, CA 95355-1768	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Philip Montgomery Livingood Los Alamitos, CA 90720-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 780 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jonathan Livne King City, CA 93930-3123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jacqueline Lo Cupertino, CA 95014-3468	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John J Lo Torrance, CA 90505-3061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Takbiu Lo Cathedral City, CA 92234-6801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Elisa Marian Lobue-Campbell Irvine, CA 92603-3624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 781 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Wade Phillip Logan Bakersfield, CA 93311-1336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stephen M Lojeski Upland, CA 91784-9171	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Sergey M Lokot Encino, CA 91316-2824	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stephanie Loller San Jose, CA 95128-2627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John Lombardi Foothill Ranch, CA 92610-2845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>782</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Salvatore A Lombardi Foothill Ranch, CA 92610-2845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Keith Monroe Long Lakeport, CA 95453-3705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Randall L Lonsbrough San Luis Obispo, CA 93401-2574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kwor Chieh Loo Arcadia, CA 91007-6387	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gregory R Loomis San Carlos, CA 94070-5237	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 783 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Graciela L Lopez Chula Vista, CA 91910-2609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ligia P Lopez Los Angeles, CA 90039-1599	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Meagan Kathleen Lorenz Huntington Beach, CA 92648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mary Leah T. Lorenzo Northridge, CA 91324-2310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Patricia L. Louie San Francisco, CA 94118-2207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 784 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Craig G Loveridge Los Osos, CA 93402-3937	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Christian Low Lodi, CA 95240-3302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Oariona Lowe Corona, CA 92879-3125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jeffrey A Lowry Riverside, CA 92506-2928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert B Lowthorp Bishop, CA 93514-3413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Emine Catalbas Loxley Santa Rosa, CA 95401-4644	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David Chew-Ru Lu Rowland Heights, CA 91748-3005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Hung Lu Fresno, CA 93726-0903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kenneth Lu Stockton, CA 95207-4297	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Poonam Lu Stockton, CA 95207-4297	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 786 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Wendy Chao-Wen Lu Cupertino, CA 95014-5649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Raymond C Lubberts Westlake Village, CA 91361-6202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Andrew Lubczuk Fontana, CA 92335-4776	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maylene Luc Elk Grove, CA 95758-8203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Walter Lucio Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>787</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jay C. Luedde Rolling Hills Estates, CA 90274-3654	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Darrel W Lum Cupertino, CA 95014-3016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Robert H Lund Encino, CA 91436-3600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Dean Luong Lakewood, CA 90713-3144	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Edward Hung Luong Los Alamitos, CA 90720-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 788 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Tien V Luong Garden Grove, CA 92840-4100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Emily S Luscri Quincy, CA 95971-9120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Min Lwin San Gabriel, CA 91776-3927	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Linda V Ly San Jose, CA 95123-2320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Thang M Ly San Jose, CA 95128-5222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>789</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

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California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Tuan Quoc Ly Santa Ana, CA 92704-7304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Timothy James Lyons El Dorado Hills, CA 95762-7137	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David D Lytal Santa Monica, CA 90404-1106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Michael T Ma San Francisco, CA 94118-1373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Clare Macaulay Valencia, CA 91355-5090	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Annie Mach San Bruno, CA 94066-2954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ross K. Macky Napa, CA 94559-2831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Mitra B. Macmillan Tustin, CA 92780-6540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sonu Madan Soledad, CA 93960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael Joaquin Madrigal Clovis, CA 93612-4749	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Matthew James Madsen Escondido, CA 92025-3401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. William Stuart Maginnis Orange, CA 92866-2143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Benjamin M Magleby Clovis, CA 93611-6303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael K Maher Sunnyvale, CA 94087-2319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Truska Mahmood San Diego, CA 92101-6774	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Sheba Rokaieh Mahmoodian Los Angeles, CA 90024-4899	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Arround Mahmoudi Palm Springs, CA 92262-7001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kimberly A Mahood San Francisco, CA 94118-1953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Chaulinh Cung Mai Westminster, CA 92683-6169	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Victor Mai Laguna Hills, CA 92653-4958	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Kenneth B Mak Pasadena, CA 91106-5362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Afsaneh Malaekheh Beverly Hills, CA 90210-5016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Christina M Maldonado Newport Beach, CA 92660-5545	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Saman Malkami Fullerton, CA 92831-4141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Randall O Mallett Stockton, CA 95219-1786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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1/31/2019	Dr. Manpreet Reva Malli Tulare, CA 93274-4138	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Barbara L Mallonee Corona Del Mar, CA 92625-1959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Josef Mamaliger Encino, CA 91316-3738	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shirley Man Bakersfield, CA 93309-5112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Anna Dee Trinidad Manalad Morgan Hill, CA 95037-4346	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$12.09	\$145.02	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
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1/31/2019	Dr. Farhad F Manavi Los Angeles, CA 90025-1123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Benjamin J Mandel La Mesa, CA 91941-7383	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Guy A Mangia Sherman Oaks, CA 91403-1728	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Peter Mani Riverside, CA 92504-2508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lorie Lee Mann Redondo Beach, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Disbel Rebeca Mansilla San Luis Obispo, CA 93401-4663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marie C. Mansour Glendale, CA 91204-2010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Daniel Lum Mar Sacramento, CA 95825-2105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lynne Ann March San Diego, CA 92116-4848	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Grant Emery Marcum Paso Robles, CA 93446-2559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Scott L Marcum Atascadero, CA 93422-5201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David Lee Markham Sacramento, CA 95834-9678	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Luminita Markham Auburn, CA 95603-5865	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jill Ann Martenson Piedmont, CA 94610-1019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dwayne Kim Martin Walnut Creek, CA 94596-5290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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**Schedule A (Continuation Sheet)  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Edmund S Martin San Ramon, CA 94583-4132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Raymond W Martin Mountain View, CA 94040-3765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. David R Martinez Bakersfield, CA 93309-0641	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jim Ray Martinez Visalia, CA 93277-7013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Max B Martinez Paramount, CA 90723-5425	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

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1/31/2019	Dr. Safoura Massoumi Chula Vista, CA 91910-2684	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sarabjit S. Massoun Fontana, CA 92336-1272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marleen Mayumi Masuoka Fair Oaks, CA 95628-3736	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$195.00	\$195.00	
1/31/2019	Dr. Richard D Masuoka Redondo Beach, CA 90277-2873	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James Mata Santa Ana, CA 92704-7316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/31/2019	Dr. Anita Biju Mathews Pleasanton, CA 94588-3679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lauren A Mathews Long Beach, CA 90806-1436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Aeshna Mathur Redlands, CA 92373-5189	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Josefina A Matias Pittsburg, CA 94565-5124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Fariba Matinfar Beverly Hills, CA 90211-2111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>801</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Alex Matosian La Mesa, CA 91942-3047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. William Matoska Los Angeles, CA 90017-4002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Yasuhiro Matsumura Los Angeles, CA 90064-1612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lance M Matsune Tracy, CA 95376-3859	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nicholas John Matthews Redondo Beach, CA 90278-1124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>802</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Virginia Padua Mattson San Diego, CA 92128-2419	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Vivian Y Maung Torrance, CA 90505-6832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David L Mayeda Visalia, CA 93291-4113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Cima Mazar-Atabaki Aliso Viejo, CA 92656-3050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Karen Marie McCarthy Redding, CA 96001-2742	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 803 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Michael McClane La Habra, CA 90631-4354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tammy McCord Clovis, CA 93619-4834	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joshua R McCormick Concord, CA 94518-1901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chanel Nicole McCreedy Los Gatos, CA 95032-3300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey A McDermaid Whittier, CA 90601-4539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 804 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Kyle R McDonald Twain Harte, CA 95383	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Craig Douglas McDow San Francisco, CA 94108-3995	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joel A McFaul San Francisco, CA 94115-3029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Leslie McGarvey San Francisco, CA 94143-2210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Kristina K McGinley Walnut Creek, CA 94597-7863	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 805 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jodi A Mcgrady Poway, CA 92064-5320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John B McGuire Long Beach, CA 90808-3938	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kevin Joseph McKinney Chico, CA 95973-5402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert R McLachlan Jr. Escondido, CA 92025-3009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert Rowley McLachlan Palm Desert, CA 92260-2779	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 806 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Michael G McMahon San Diego, CA 92110-5008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ronald B Mead San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Debra Ann Meadows San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James R Mebust San Diego, CA 92104-1313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shatha Faraj Mechael El Cajon, CA 92020-2110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>807</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jeffrey A Meckler Monterey, CA 93940-4507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shahnaz Jum Mehdiabadi San Diego, CA 92130-4839	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark Cyrus Mehrali Camarillo, CA 93010-2374	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mehrdokht Mehrvarzi San Juan Capistrano, CA 92675-3229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kristi R Meister Ventura, CA 93004-1272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 808 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Brett B Melgosa Turlock, CA 95382-2020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gerald Wayne Mendes Fremont, CA 94538-1736	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maria Theresa C Menor- Angara Daly City, CA 94015-1968	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hank W Mercado Redlands, CA 92373-5979	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$159.00	\$159.00	
1/31/2019	Dr. Joseph R. Mercardante Jr. Nipomo, CA 93444-9123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>809</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Maritza J Merejo San Francisco, CA 94102-1409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James E Mertzal Sunland, CA 91040-2941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Edmond Mgedesyan Calabasas, CA 91302-2968	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Paul L Michaelides Fresno, CA 93711-3309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Robert J. Michaud Fairfield, CA 94533-4935	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 810 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Renu Gupta Michelsen Orange, CA 92867-7780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bassam Ekram Michiel Madera, CA 93637-3070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tamer E Michiel Fresno, CA 93720-2985	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stephen A Mikulic Foster City, CA 94404-1695	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Marites Guerrero Milan Anaheim, CA 92801-1826	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>811</u> of <u>1677</u>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. James E Milani Lakeport, CA 95453-4102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Randal W Miles El Centro, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Douglas Kevin Miller Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Matthew G Miller Monterey, CA 93940-4606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Matthew S Miller Huntington Beach, CA 92648-5661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 812 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Nicolle Marie Miller San Marcos, CA 92069-3020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brian Charles Mills Mountain View, CA 94040-4211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. James S Minutello Corona, CA 92879-3122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Noel Santos Miranda South San Francisco, CA 94080-5971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ernesto Mireles Salinas, CA 93906-3129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Lili Mirtorabi Huntington Park, CA 90255-6316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Varoojan Y Mirzayan Fresno, CA 93710-8600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Puja Jayant Mistry Sacramento, CA 95841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert D Mitchell Murrieta, CA 92562-5755	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Alejandro Guillermo Mizraji Ventura, CA 93003-1566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 814 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Douglas T Mo Carmichael, CA 95608-6408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mehrnoosh F Moghaddam Newark, CA 94560-3647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Charles R Mohn San Francisco, CA 94108-4205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Maryam Mohsenzadeh Napa, CA 94558-6471	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Christopher Allen Molinar Carlsbad, CA 92008-1818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Emily Molosky Brentwood, CA 94513-5789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael J Molosky Brentwood, CA 94513-5789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jon L Montague Encinitas, CA 92024-1335	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Donald R Montano Bakersfield, CA 93312-6391	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mehrnoosh Mohaghegh Montazeri Montebello, CA 90640-4601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 816 of 1677

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Dental Association Political Action Committee (CDA PAC)	I.D. Number 742855
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Michael C Montgomery Playa Del Rey, CA 90293-7965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Edward Leonard Montoya Templeton, CA 93465-9731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert Eugene Moody Half Moon Bay, CA 94019-1922	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Paul R Moon Red Bluff, CA 96080-2373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Caroline Pimentel Moore National City, CA 91950-3932	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>817</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Daniel Moore Walnut Creek, CA 94596-8601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Peter A Moosman Campbell, CA 95008-4302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Pershin Moradi Lake Forest, CA 92630-3946	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alice Poley Moran San Clemente, CA 92673-6956	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marie D. Moran Merced, CA 95348-2852	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 818 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Laurel M Morello El Cajon, CA 92020-4604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jessica L Moretz Redlands, CA 92373-7331	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Cynthia Kay Morford Pittsburg, CA 94565-4911	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Todd Davis Morgan Encinitas, CA 92024-5139	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David E Morris Fremont, CA 94539-3074	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 819 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Paul Joseph Morris Salinas, CA 93906-3056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Simon Peter Morris Los Gatos, CA 95032-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bobak Morshed Santa Monica, CA 90401-1648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mani Morshed Santa Monica, CA 90401-1648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Parisa Mortazavi San Jose, CA 95117-1714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 820 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Allen Mossaei Bakersfield, CA 93313-3482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mona Y Moy Oakland, CA 94611-2905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Luis Alberto Moya Palm Desert, CA 92211-6076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Setareh Mozafari Cupertino, CA 95014-3468	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nujoud Mubaraka Bakersfield, CA 93309-6714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>821</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jeff Lawrence Muehl San Diego, CA 92121-1334	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Blake Merrill Mueller Westlake Village, CA 91361-2837	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lizzett Mujica Santa Maria, CA 93458-5035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Timothy Ian Mulcahy Palo Alto, CA 94306-1165	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Michael J Mulvehill III Arcadia, CA 91007-9263	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>822</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Richard Paul Mungo Huntington Beach, CA 92648-8613	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Carlos A Munoz-Viveros Orange, CA 92867-5422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stephen Huntley Munroe San Diego, CA 92103-1873	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Daryl L Munson Glendora, CA 91741-6234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Sorin N Muntean Thousand Oaks, CA 91360-5715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Liana Muradyan Glendale, CA 91208-1258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marielena Murillo Salinas, CA 93906-3056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark S Murphy Castro Valley, CA 94546-7043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Neal C Murphy Encino, CA 91316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Paul R Murray Tustin, CA 92780-3155	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 824 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Padmaja K Mutyala Bakersfield, CA 93314-9590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John J Myers Yorba Linda, CA 92886-3810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Khin Mar Myint Concord, CA 94521-2762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sarah Nabai Del Mar, CA 92014-2502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Roya M Naderi San Jose, CA 95123-3010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>825</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Mark S Nadler San Ramon, CA 94583-1328	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John Gregory Nahorney Sacramento, CA 95816-5114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Archana Divakar Naidu Alamo, CA 94507-1553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Minaj Naimi San Jose, CA 95123-1222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ana Luisa M Najera Laguna Niguel, CA 92677-2090	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 826 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Yuko C Nakamura Lafayette, CA 94549-5039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Clifton Eiji Nakatani Sacramento, CA 95831-6123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maher Nakoud Granada Hills, CA 91344-2767	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nicole Elise Nalchajian Fresno, CA 93720-4340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Edward Sungwon Nam Los Angeles, CA 90020-3050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>827</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Vida Namavar San Marcos, CA 92078-1235	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sam Siamak Namdarian Fresno, CA 93720-2412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alexander G. Namikas Ventura, CA 93003-3161	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Shivam Nand Carmichael, CA 95608-4994	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Maki Narita Torrance, CA 90503-5804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 828 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Medhat Nagi Nashed Arcadia, CA 91006-2307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Avishan Nasiri Santa Ana, CA 92705-3609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Hamid Reza Nasr Folsom, CA 95630-3819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Elvie Cervas Nathanson Chula Vista, CA 91910-3896	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ion Naumescu Santa Maria, CA 93454-5325	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 829 of 1677
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Raihan Mohammed Nazir Anaheim, CA 92807-3432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Arsen Nazloyan Canoga Park, CA 91303-1530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michaela Camille Neagu Los Angeles, CA 90057-2211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alexander Nee National City, CA 91950-3616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Amber L Neft Thousand Oaks, CA 91362-2560	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 830 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jerilyn Valentine Negvesky San Francisco, CA 94108-4011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David A Nelson Eureka, CA 95501-3223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael D Nelson Redding, CA 96001-0230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tania Neusa Nelson-Crystal Lincoln, CA 95648-8473	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Royeen Nesari San Francisco, CA 94110-2487	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/31/2019	Dr. John D Neuenswander San Diego, CA 92120-2309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David Ross Neumeister Oxnard, CA 93030-8225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Michael Lawrence Newton Westlake Village, CA 91361-2889	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Charmaine Genevieve Ng San Francisco, CA 94103-2543	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Douglas WK Ng San Luis Obispo, CA 93405-3706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 832 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/31/2019	Dr. Kenneth Ng San Francisco, CA 94122-4254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Seran Suet Ying Ng La Puente, CA 91744-4712	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sheryl H Ng Los Gatos, CA 95032-2576	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Christopher Ngau Rosemead, CA 91770-4208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Florence Phuong Ngo Saratoga, CA 95070-3659	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Kiet X Ngo San Gabriel, CA 91776-1535	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tracy Trang Ngo Santa Clara, CA 95051-7157	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Van T Nguy San Jose, CA 95111-1526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. An Nhu Nguyen Saratoga, CA 95070-6602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Andrew T. Nguyen Menifee, CA 92584-8066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 834 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Anthony Nguyen San Gabriel, CA 91776-2808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Camtu Thi Nguyen San Jose, CA 95122-2612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Canai T Nguyen Long Beach, CA 90804-3408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chaulong Thi Nguyen Menlo Park, CA 94025-4362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chi Mai Mai Nguyen Corona, CA 92883-0867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 835 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Chinh Truong Nguyen Bakersfield, CA 93301-2800	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Cuong Minh Nguyen Westminster, CA 92683-3580	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dan C Nguyen Walnut, CA 91789-5359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dan Xuan Nguyen Rancho Cucamonga, CA 91730-8551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Daniel D Nguyen San Jose, CA 95121-1795	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 836 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. De Giap Nguyen Long Beach, CA 90805-6019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dong L. Nguyen San Jose, CA 95123-1220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Doug Quang Nguyen San Jose, CA 95127-3825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hao Nguyen Stockton, CA 95207-6215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hoang C Nguyen Corona, CA 92882-3196	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>837</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Hong-Hanh Thi Nguyen Sacramento, CA 95823-4387	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hope Ann Nguyen Santee, CA 92071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jason K Nguyen Bakersfield, CA 93309-8776	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeanne Thi Nguyen Rancho Santa Margarita, CA 92688-2015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Khoi B Nguyen Garden Grove, CA 92840-3376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 838 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Kimberly K Nguyen Fullerton, CA 92831-3908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lien Huong Dieu Nguyen Garden Grove, CA 92843-1080	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Linh My Nguyen Pomona, CA 91766-5714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Loan Anh Nguyen Hayward, CA 94544-2130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Loi Nguyen Modesto, CA 95355-9013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 839 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Michael A. Nguyen Sunnyvale, CA 94086-6116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Minh D. Nguyen Lakewood, CA 90712-2903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Minh Duc Nguyen Stanton, CA 90680-4073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nancy Nguyen Westminster, CA 92683-8135	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Nick Khanh H Nguyen Aliso Viejo, CA 92656-5833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 840 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Novan Nguyen Sacramento, CA 95831-5640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Pauline P Nguyen San Jose, CA 95111-4270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Peter Dinh Nguyen San Jose, CA 95111-1923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Quy Lam Phuoc Nguyen San Diego, CA 92105-1230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rosette Dinh Nguyen Saratoga, CA 95070-4154	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 841 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Suzanne Elizabeth Nguyen Garden Grove, CA 92841-1021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Suzanne Thi Nguyen San Jose, CA 95121-1795	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tam T Nguyen San Jose, CA 95121-1790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Thanh N Nguyen Westminster, CA 92683-7071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Tho Nguyen Westminster, CA 92683-5904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>842</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Thomas M Nguyen Chino, CA 91710-5474	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Thu Anh K Nguyen Redding, CA 96001-0811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. ThuTam T Nguyen San Jose, CA 95126-2905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tina Thuy-Trang Nguyen San Jose, CA 95126-3026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tracy V. Nguyen Stockton, CA 95207-5507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 843 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Trang Thuy Nguyen Irvine, CA 92604-2505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tu Nguyen San Jose, CA 95122-2674	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kayla Nguyen Dringenberg Roseville, CA 95747-7251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Manolo Pascual Nicolas Los Angeles, CA 90027-6112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Franklin Anthony Niggebrugge Walnut Creek, CA 94596-3817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 844 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Donald Nikhevich Jr. Westlake Village, CA 91361-2889	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Charles C Nip San Francisco, CA 94109-2504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Philip Matthew Nisco Fountain Valley, CA 92708-4290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Yen Pan Nisco Visalia, CA 93291-6923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael Minoru Nishida San Gabriel, CA 91776-1703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 845 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Robert S Nishikawa Los Angeles, CA 90025-4768	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Duane T Nishikubo Palm Desert, CA 92260-2710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Victoria Nisman Bacquet Van Nuys, CA 91406-2103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gary Shi-Lin Niu San Gabriel, CA 91776-2764	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael Allan Njo San Mateo, CA 94403-3123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 846 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. John Sloane Noe Walnut Grove, CA 95690	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ramin Noghreian Torrance, CA 90505-6566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bryan Nokelby Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Asmath Suhale Noor Norwalk, CA 90650-2288	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Peter Nordland La Jolla, CA 92037-4208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>847</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jeffrey Y Nordlander Fair Oaks, CA 95628-3532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Morgan D. Nordstrom Vallejo, CA 94590-4627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ronald S Noriesta Stockton, CA 95219-6563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rodney B Norling Los Altos, CA 94024-5427	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Thomas J Noto Monterey, CA 93940-6045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 848 of 1677
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/31/2019	Dr. Angelina R Noyes Chula Vista, CA 91910-2609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stephen Nobuo Nozaki Stockton, CA 95219-1788	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert D Nunez Santa Barbara, CA 93110-2596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Michael R O'Brien Sacramento, CA 95831-3465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stephen J O'Brien Fresno, CA 93720-2408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 849 of 1677
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California Dental Association Political Action Committee (CDA PAC)

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1/31/2019	Dr. Kent T Ochiai Tustin, CA 92780-3147	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kevin Michael O'Dea Roseville, CA 95678-6647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Larry M Odonno Montebello, CA 90640-1540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Agosto W Oei Ridgecrest, CA 93555-4103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Deukjae Oh Garden Grove, CA 92844-1566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 850 of 1677
I.D. Number		742855

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NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Min Hee Oh Los Angeles, CA 90025-5091	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Saekyu Oh Bakersfield, CA 93308-4951	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Carmen M Ohanian Glendale, CA 91202-2567	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lorna Leiko Okada San Jose, CA 95139-1351	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Geri Lynn Gunsalus Okamoto Pasadena, CA 91105-3132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>851</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Michelle C Okamoto Torrance, CA 90505-2542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Russell Sadao Okihara San Diego, CA 92103-5534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brian K Oleksy San Diego, CA 92103-4980	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steven R Olmos La Mesa, CA 91942-0623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James A Olson Berkeley, CA 94704-1607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 852 of 1677
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1/31/2019	Dr. Megan Elizabeth Olson Encinitas, CA 92024-1328	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert Patrick Olson San Mateo, CA 94401-4523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Thomas T Omoto Torrance, CA 90505-6659	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Katayoun Omrani Los Angeles, CA 90048-4165	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kevin J O'Neill Roseville, CA 95678-6647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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1/31/2019	Dr. Jade Ting Ong Van Nuys, CA 91405-3612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Phuong-Mai Thi Ong Huntington Beach, CA 92647-8688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John D. Orsi Sacramento, CA 95821-6614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Harry Stuart Osaki Salinas, CA 93901-4223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Cyrus G Oster Chico, CA 95928-7686	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 854 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Nathan D Oster Santa Cruz, CA 95065-1716	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Yelena Ostrovsky-Trubin San Francisco, CA 94123-4130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Punita Oswal Los Angeles, CA 90012-2907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Craig K Ota Irvine, CA 92604-8656	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Lora Ota Salida, CA 95368-9313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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IND - Individual  
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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Steven Michael Ota Torrance, CA 90505-4827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Darrell G Otsu Irvine, CA 92604-8656	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Fred P Ou-yang Newark, CA 94560-3798	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Grisha Roland Ovanesian Cathedral City, CA 92234-3337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tigran Ovsepyan Santa Clarita, CA 91350-2358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Darcy L Owen Sacramento, CA 95818-2237	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Scott Tadashi Ozaki Chula Vista, CA 91914-4552	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steven W Ozer Manhattan Beach, CA 90266-5359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Scott Wallace Packham Camarillo, CA 93012-5156	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark Robin Paden Modesto, CA 95355-1100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$36.25	\$108.75	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>857</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Kevin T Paige Willits, CA 95490-4222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jason Warren Pair Northridge, CA 91324-3794	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chong Chol Pak San Jose, CA 95128-3103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Juan G Palacios San Jose, CA 95128-1638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Grayson Dean Palmer Eureka, CA 95503-4596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 858 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Edna Concepcion Pamaran San Marcos, CA 92078-1106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jason M. Pambrun Atascadero, CA 93422-4271	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Zichang Cindy Pan Dublin, CA 94568-3036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Eric Pang Dublin, CA 94568-2957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Edwin Papazian Winnetka, CA 91306-2686	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 859 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jacinthe M. Paquette Newport Beach, CA 92660-7828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gary V Parcel El Cajon, CA 92021-4707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. David J Park San Francisco, CA 94127-2606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James M. Park Chino Hills, CA 91709-1290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tae Een I Park Modesto, CA 95350-4046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 860 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Yong Eon Park Bakersfield, CA 93312-6580	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Francis B Parker Torrance, CA 90503-4891	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Nicole Isabella Parsons San Bruno, CA 94066-2802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kirk L. Pasquinelli San Francisco, CA 94108-4002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James E Pastor Jackson, CA 95642-9387	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>861</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ajay R. Patel Merced, CA 95340-1002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brijesh J. Patel Moorpark, CA 93021-2116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Falguni Himanshu Patel Sacramento, CA 95833-1067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hemant V Patel Norco, CA 92860-3111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Keyurkumar Patel Rancho Cucamonga, CA 91701-6064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 862 of 1677

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Dental Association Political Action Committee (CDA PAC)	I.D. Number 742855
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Sonal Raoji Patel San Francisco, CA 94123-4130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tim J Patel Walnut Creek, CA 94596-8606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Upendra J. Patel Sacramento, CA 95821-6534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Vimal M Patel Hemet, CA 92543-7177	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sheetal Kiranrao Patil San Ramon, CA 94583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Alexander N Patino Visalia, CA 93291-5916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. James H Patterson Fremont, CA 94539-7063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Mugdha Patwardhan San Francisco, CA 94127-1303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sheila V Patwardhan Alameda, CA 94501-2986	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Scott Anton Paul Vista, CA 92083-6030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 864 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jamison J Pawley Glendora, CA 91741-3316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark H Paye Grass Valley, CA 95945-7298	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Ryan Todd Payne Salinas, CA 93901-4223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Donald L Pearson Tehachapi, CA 93561-7405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Neal H Pearson San Leandro, CA 94577-4612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$52.40	\$109.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 865 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Stephen G Pearson Morgan Hill, CA 95037-4345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Timothy G Peffly Madera, CA 93637-3075	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Pinky D. Penalosa Rancho Cucamonga, CA 91730-5207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Karl J Pendegraft Visalia, CA 93291-5156	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Wei-Ping P Peng Covina, CA 91723-1833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 866 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Willard James Peng Temecula, CA 92591-3205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marta Anne Penman Carlsbad, CA 92008-1958	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Carey L Penrod Rancho Santa Margarita, CA 92688-3620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Donald A Pepper San Jose, CA 95120-2903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Ricardo A Peralta San Diego, CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>867</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Anthony L. Perez Ventura, CA 93003-1567	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Eric A. Perez Napa, CA 94559-2415	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$4.90	\$145.00	
1/31/2019	Dr. Clayton Joseph Perry Novato, CA 94945-2457	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kevin S. Perry Planada, CA 95365-8088	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert B Perry Riverside, CA 92505-1747	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 868 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. William Litt Perry Los Gatos, CA 95032-7398	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dawn Kristine Peshka Eureka, CA 95503-4542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rodney Dale Peter Oakhurst, CA 93644-8714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Flaviane F.C. Petersen Lincoln, CA 95648-8473	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Cristina M Petit Laguna Niguel, CA 92677-4102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 869 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Christopher Alan Petrush Pleasant Hill, CA 94523-3395	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Craig A Pettengill Saratoga, CA 95070-5721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. James H Peyton Bakersfield, CA 93301-3603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Missagh Pezeshkian Arcadia, CA 91006-3135	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Justin McClure Pfaffinger Nevada City, CA 95959-2720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 870 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Annie Nhu-Y Pham Santa Clara, CA 95054-2063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Catherine Chi Pham Westminster, CA 92683-5593	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Celine Thanh Pham Huntington Beach, CA 92646-2431	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Elise Mtha-Ngoc Pham Lake Elsinore, CA 92532-2983	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Ha Terry Terry Pham Folsom, CA 95630-6453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>871</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Hanh T Pham Folsom, CA 95630-9554	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hop N Pham Milpitas, CA 95035-6819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kim Ngoc Pham Irvine, CA 92604-3051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lanchi Pham San Jose, CA 95121-1792	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Loc Pham San Jose, CA 95116-1616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>872</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Maria P Pham San Francisco, CA 94109-2716	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marleen Thi Pham Stanton, CA 90680-4010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard Cao Thanh Pham Sunnyvale, CA 94086-5321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sarah S Pham Seal Beach, CA 90740-6012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tu Thanh Pham Reseda, CA 91335-9101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 873 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Tuan Pham Highland, CA 92346-7763	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hoang-Yen T Phan Milpitas, CA 95035-2713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Huy A Phan San Jose, CA 95116-1908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Linh Thuy Phan Camarillo, CA 93012-9441	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steve D Phan La Quinta, CA 92253-6386	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. The Tai Phan Porter Ranch, CA 91326-4120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael Steven Phelps Elk Grove, CA 95624-2266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dallen Phillips Visalia, CA 93291-7896	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James T Phillips Visalia, CA 93291-5156	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard John Phillips Jr. Covina, CA 91723-3518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 875 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Sarah Jeanne Phillips Santa Clarita, CA 91350-5829	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Don Phipps Grass Valley, CA 95945-5208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Christine Thu Phung Menifee, CA 92584-8066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stephen Reed Pickering San Mateo, CA 94401-2672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Daniel J Pierre Monterey, CA 93940-2909	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 876 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Kelly Louise Pierson Irvine, CA 92618-0412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Salvador Franci Pimentel Pasadena, CA 91101-2717	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Victor Pineschi Los Angeles, CA 90049-6606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chelsea Pinto Santa Monica, CA 90404-2047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Anthony Pitrowski Santa Maria, CA 93454-4614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>877</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Matthew H Pizza Camarillo, CA 93012-5156	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shamala Leanne Pizza Camarillo, CA 93012-5156	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert J Plant Redwood City, CA 94062-1486	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Richard L Plasch Hayward, CA 94544-7254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Mark Lane Pledger Murrieta, CA 92562-5751	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 878 of 1677

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Dental Association Political Action Committee (CDA PAC)	I.D. Number 742855
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Norman Plotkin Hillsborough, CA 94010-7317	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Aurina Gek-Hong Poh Saint Helena, CA 94574-1451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Paolo A Poidmore Orangevale, CA 95662-4792	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Travis T Poindexter Hillsborough, CA 94010-7008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jeffrey D. Politz Napa, CA 94558-3087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	(\$145.00)	(\$145.00)	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 879 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Howard Morton Polk Los Alamitos, CA 90720-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Swathi Ponugoti Hayward, CA 94544-1809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Diane M Pooler Daly City, CA 94014-2577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Bryan I Pope San Mateo, CA 94401-2672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Pamela D Porteous-Burke Rodeo, CA 94572-1434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 880 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Anthony Poblete Potente San Diego, CA 92103-2117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stephen J Pothier Northridge, CA 91324-5513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Fariba Pour-Ansari Berkeley, CA 94705-1976	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Allan F Powell Oxnard, CA 93030-4903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Brent David Powell Fresno, CA 93720-0348	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 881 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. L. Virginia Powell Ukiah, CA 95482-5736	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Vijaya Ku Prabhu Escondido, CA 92026-1960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. K Terry Pratt Alameda, CA 94501-4410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$59.42	\$109.00	
1/31/2019	Dr. Scott Edward Prawat Los Gatos, CA 95030-6120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard E Preece Grass Valley, CA 95945-5756	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 882 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Devoree Prepsky Woodland Hills, CA 91364-1739	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael H Preskar Sacramento, CA 95823-5421	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Robert William Pretel Sacramento, CA 95825-2165	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sandra Elena Primosch Valley Center, CA 92082-5338	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Daryl Lyndon Proctor Placerville, CA 95667-6286	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 883 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. James Rocel G. Puggeda Sacramento, CA 95816-5655	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David R Pulido Stockton, CA 95207-8107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Daniel C Purdy Bakersfield, CA 93309-0641	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nam Chi Quach San Francisco, CA 94122-4241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ron E Quibilan Sunnyvale, CA 94087-1938	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 884 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Charlyn Lim Quiec Monrovia, CA 91016-2803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Darrell B. Quirici Saint Helena, CA 94574-1938	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gregory K Rabitz San Jose, CA 95125-5115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Howard Radding Ojai, CA 93023-2443	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Yahya H Radwan Santa Clara, CA 95051-0970	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 885 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Kamran Rafie Los Angeles, CA 90049-3912	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rafi M Rafiee Encino, CA 91436-3404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Firoozeh Rahbar Los Angeles, CA 90077-3613	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ike Rahimi Placerville, CA 95667-8770	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Azadeh Rahmatian Rocklin, CA 95765-5874	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Andrew Robert Rahn Fresno, CA 93720-3306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nikunj Mansukhlal Raiyani Hanford, CA 93230-4582	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Monica Cozette Ramirez San Jose, CA 95127-3659	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dean Lee Ramus Beverly Hills, CA 90211-2004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Bryan Clark Randolph Folsom, CA 95630-3493	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ammar Rasheed Redlands, CA 92373-4329	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Khalid Rasheed Sacramento, CA 95825-2165	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Arash Rastegar-Panah Manhattan Beach, CA 90266-7015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael P Ratto Turlock, CA 95382-0403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. David Edward Rauterkus Poway, CA 92064-4519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Abhishek Rajendra Raythatha Roseville, CA 95661-7779	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rafat Shaikh Razi Tracy, CA 95377-7331	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mercedes Flores Razo Chula Vista, CA 91910-7865	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Raju Reddy Redwood City, CA 94062-1481	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shini Nanamala Reddy Temecula, CA 92591-6517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Robert J Redelsperger Bakersfield, CA 93301-3711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. William S Rees Torrance, CA 90505-4717	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maria Carolina DeLeon Regalado Lakewood, CA 90715-2126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Justin Leroy Reich Elk Grove, CA 95624-2044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$3.33	\$145.00	
1/31/2019	Dr. Donald Nicholas Reid Truckee, CA 96161-2303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 890 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Bonnie Jo Retamozo Loma Linda, CA 92354-2887	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Diana Reyes Union City, CA 94587-4359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Raul Reyes Santa Paula, CA 93060-2721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chong Rha La Mirada, CA 90638-1941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hyon Pong Rhee Sacramento, CA 95816-5114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jim Sung Ho Rhee Encinitas, CA 92024-1355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John C Riach Rancho Cordova, CA 95670-2106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jeffrey Scott Rice Turlock, CA 95382-1147	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael M Rice Santa Rosa, CA 95405-6617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Bevan M Richardson Rio Linda, CA 95673-2341	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. John Dale Richardson Parlier, CA 93648-2666	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$12.08	\$145.00	
1/31/2019	Dr. Melanie Ann Richardson Santa Monica, CA 90403-2335	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard James Richardson II Corona, CA 92882-4383	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jonathan M Richey Porterville, CA 93257-3131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Wayne Lee Richey Monterey, CA 93940-2948	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 893 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Robert Gary Rifkin Beverly Hills, CA 90210-4512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Anthony F Riforgiate Santa Maria, CA 93454-5263	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Matthew Riggs Aliso Viejo, CA 92656-3046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Straty G Righellis Oakland, CA 94611-2905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Oscar Ramon Rivera San Diego, CA 92114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/31/2019	Dr. Regina R Rivera Bakersfield, CA 93311-3654	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Anthony B Rizzotti Chatsworth, CA 91311-1552	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alan O. Robb San Jose, CA 95125-3324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Joseph W Robb III Watsonville, CA 95076-6018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Hila Robbins Los Angeles, CA 90067-6428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/31/2019	Dr. Terrence E Robbins Carmichael, CA 95608-0645	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jeff Craig Robertson Irvine, CA 92620-1960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rebecca Lynn Robinson Redding, CA 96002-5321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Josefina L Robles Orange, CA 92868-3841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lora Foster Rode Rocklin, CA 95765-4784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 896 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Paulyn C. Rodriguez-Pugeda Sacramento, CA 95816-5655	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shiva Roghani Tustin, CA 92780-3745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeong-Ho Roh Los Angeles, CA 90016-5217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ramin Rohani Anaheim, CA 92801-1827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Donald P Rolofson Elk Grove, CA 95624-2290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>897</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Karla Zahira Roman Eureka, CA 95501-3231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rudolph E Roman Santee, CA 92071-2686	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Daniel Victor Romo Los Angeles, CA 90015-3023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Grant D Rosen Salinas, CA 93901-4210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Kimberly Ann Rosen Valencia, CA 91355-5636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 898 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Joseph R Rosenberg San Gabriel, CA 91775-1936	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Stanley R Ross San Leandro, CA 94577-4838	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jason Roth El Dorado Hills, CA 95762-7569	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sean A. Roth Folsom, CA 95630-3585	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Spencer K Rowan Merced, CA 95340-2814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 899 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Alan Glen Rubenstein Santa Monica, CA 90404-1142	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lindy Dawn Rucks San Diego, CA 92130-4828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Elena Wing-Yee Rumack Encino, CA 91436-4577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kevin Dean Rummler Cypress, CA 90630-2956	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Benton James Runquist Davis, CA 95616-3505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$155.00	\$155.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Shawn Patrick Rusk Selma, CA 93662-2500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Randal Christian Russ San Diego, CA 92116-4324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Heather Michelle Rutherford Sacramento, CA 95816-5037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steven L Ryan Danville, CA 94526-1741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hossein Saadatmandi Vista, CA 92081-8788	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 901 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Mahtab Saadatmandi Vista, CA 92081-8788	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maryam Sabet Ventura, CA 93004-1272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Fnu Sabina Sacramento, CA 95816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Valeri J Sacknoff Poway, CA 92064-2058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Albert Hagop Sadakian Redwood City, CA 94062-1398	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ahmad Sadeghein Glendale, CA 91203-3343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Azar Sona Saeidi San Francisco, CA 94108-4208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Younes Safa Pasadena, CA 91106-2401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nancy Saghian Los Angeles, CA 90024-4614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Ladan Sahabi San Jose, CA 95128-5121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 903 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Shveta Basho Sahu Sacramento, CA 95811-7076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kenji Bennet Saisho Salinas, CA 93906-3056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael A Sala Redwood City, CA 94062-1344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark Edward Salamy Poway, CA 92064-2043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Pirouz Salehi San Diego, CA 92123-3357	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 904 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Kamran Said Salehpour Duarte, CA 91010-3625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sheldon Kelvin Salins Union City, CA 94587-8103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Asad H Salman Barstow, CA 92311-5460	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jon E Sammann Lafayette, CA 94549-5046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Alma Rosa Sanchez Orosi, CA 93647-9454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 905 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/31/2019	Dr. Anthony R Sanchez Santa Rosa, CA 95409-5853	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Vanessa Andrade Sanderson Lancaster, CA 93536-5229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Henna Sandhu Folsom, CA 95630-3885	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Matthew A Sandretti Elk Grove, CA 95624-2290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Stephanie Lyn Sandretti Elk Grove, CA 95624-2290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 906 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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1/31/2019	Dr. Steven S Sanford Galt, CA 95632-1927	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Neil Ranjit Sangani Granada Hills, CA 91344-7405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rajbir K. Sanghvi Sacramento, CA 95818-2237	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ronald J Sani Fresno, CA 93701-2124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jennifer Diane Santoro San Diego, CA 92131-1825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Orianna Sarkissian Modesto, CA 95355-2719	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Elhame Sarreshtehdary Oakley, CA 94561-5779	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shahla Satary-Ravanbakhsh Fresno, CA 93720-2459	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Denton H. Sato Sacramento, CA 95816-5248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kimberley Diane Sauer San Diego, CA 92121-3748	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jonathan Savage Sacramento, CA 95829-1625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ralph Thomas Savarese Pasadena, CA 91104-4001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Ilse Savelli-Castillo Chula Vista, CA 91910-2711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ramzi T Sawabini San Dimas, CA 91773	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ibrahim Assaad Sawaya Santee, CA 92071-1181	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Kevin B Sawyer Los Altos, CA 94024-4812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. M. Paul Schafer Novato, CA 94947-2040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Weldon K Schapansky Fresno, CA 93710-8343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Thomas J Schauer Sacramento, CA 95825-6209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Robert C Schellentrager Capitola, CA 95010-2751	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Michael C Scherer Sonora, CA 95370-8997	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Eugene John Schmidt Fountain Valley, CA 92708-5039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hugo Victor Schmidt III Greenbrae, CA 94904-2024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. L. William Schmohl III Larkspur, CA 94939-1724	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Gerald Mark Schneider Visalia, CA 93291-6124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Burton D Schnierow Hawthorne, CA 90250-5806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Neil E. Schultz Westminster, CA 92683-6978	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kurt P Schwartz Martinez, CA 94553-3805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Heather Rachel Scorza Rocklin, CA 95765-4389	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael C Seastrom Tarzana, CA 91356-2917	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$15.99	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Benjamin J Seaton Los Banos, CA 93635-4124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael P. Sedigh Laguna Hills, CA 92653-1937	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John Kendall See Camarillo, CA 93010-1505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Linda Brogmus Segal Beverly Hills, CA 90210-5017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Scott Sellens Anaheim, CA 92804-4321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Raphael Separzadeh Lancaster, CA 93535-3237	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sahil Sethi Sacramento, CA 95816-6546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Janine T Settimi Visalia, CA 93291-6126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John Seul Encinitas, CA 92024-5140	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brent E Sexton San Leandro, CA 94577-4838	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 914 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Katayoon Shafagh North Hollywood, CA 91606-2924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Adam M Shaffer Walnut Creek, CA 94598-2743	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Anju Shah Corona, CA 92879-3100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kiran K. Shah Fontana, CA 92335-6725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lopa Hasmukhbhai Shah Sunnyvale, CA 94085-5417	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

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742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Nirav Hasmukh Shah San Marcos, CA 92069-1708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$169.16	\$144.98	
1/31/2019	Dr. Rajul Mihir Shah Murrieta, CA 92563-7430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Reshma Shah Compton, CA 90221-1610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Samir B Shah Rialto, CA 92376-3379	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sanaz Shahbandi Orange, CA 92869-4348	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
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1/31/2019	Dr. Ishani Shah-Dhillon Laguna Niguel, CA 92677-9202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Haleh Shaheedy Woodland Hills, CA 91364-2631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steven Yenta Shao Huntington Beach, CA 92647-8688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ratika Sharma Livermore, CA 94550-3119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Arthur Yuwen Shaw Eastvale, CA 92880-8716	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. I-Tien Emily Emily Shaw Sacramento, CA 95834-3758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Michael Shiangsu Shaw Irvine, CA 92604-0323	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert Eugene Sheffield Antioch, CA 94531-6344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Haseeb Nisar Sheikh Modesto, CA 95355-1756	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Clement Yiu Wah Shek San Francisco, CA 94118-1863	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Chingming Ming Shen Upland, CA 91786-7069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sundeep K Shergill Concord, CA 94521-2800	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Linda D Sheridan Grass Valley, CA 95945-7244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Raymond J. Sheridan Corte Madera, CA 94925-1908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Michael Geoffrey Sherman Vista, CA 92083-5103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Archana A. Sheth Riverside, CA 92507-3617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Timothy Cheng-Tsui Sheu Cupertino, CA 95014-2225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Andriy Shevchuk Occidental, CA 95465-0310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robyn R Shields Sonora, CA 95370-5193	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kingstone C. Shih Mountain View, CA 94040-4210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Joseph Anthony Shilkofski Lake Forest, CA 92630-3939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Brian K Shimizu Buena Park, CA 90620-3566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Leo Sanghoon Shin Newport Beach, CA 92660-8709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Philip H Shindler Agoura Hills, CA 91301-5430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Melissa V. Shing Los Altos, CA 94024-4902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>921</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Gerald T Shinkawa Fresno, CA 93703-1123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Ramiar R Shirani San Jose, CA 95138-1053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David D Shively Bakersfield, CA 93306-2979	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Mayada Shmara San Juan Capistrano, CA 92675-3784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Boris Shnayder Tulare, CA 93274-2251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>922</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ronald Anthony Shoemaker Oxnard, CA 93030-7048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert Shoff Redding, CA 96002-1873	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mojgan Shokri Woodland Hills, CA 91367-2019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stefanie Shore Carmichael, CA 95608-6360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Melissa Danette Shotell Sonora, CA 95370-8997	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 923 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. David Shouhed Los Angeles, CA 90048-5818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James George Shunk Upland, CA 91786-6603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gurjot Sidhu Riverbank, CA 95367-9639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marilice A Silveira Dinuba, CA 93618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard S Silveira Los Angeles, CA 90067-2013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 924 of 1677
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Michael Lee Simmons Saint Helena, CA 94574-1850	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Harel Simon Beverly Hills, CA 90210-4318	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ziv Simon Beverly Hills, CA 90210-4710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jerrold H Singer Newhall, CA 91321-2517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gurteg Singh Selma, CA 93662-2446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>925</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Rupinderpal Singh Ceres, CA 95370	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James H Sinks San Diego, CA 92117-4900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Parmis Sapura Sionit Carlsbad, CA 92008-1950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. P. Penny Siriwat Anaheim, CA 92804-1812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Todd R Skabelund Santa Rosa, CA 95405-8536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
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1/31/2019	Dr. Rana Skaf Chino, CA 91710-1329	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Antigone Skoulas San Francisco, CA 94111-2929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Darce Aaron Slate Rocklin, CA 95765-5883	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lee James Slater San Diego, CA 92122-2848	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David L Slough San Bernardino, CA 92408-3268	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Cicely B Smith Greenbrae, CA 94904-2014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David Allen Smith Vista, CA 92083-5103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gregory Smith Norwalk, CA 90650-2582	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kenneth Smith Ventura, CA 93003-1500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. R Scott Smith Orange, CA 92867-5248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Robert R Smith West Hollywood, CA 90069-3711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Stuart H Smith San Rafael, CA 94901-1818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Joni Kay Smith-Rode Concord, CA 94519-2534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John Snowden Marina Del Rey, CA 90292-5881	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lauren Amy Snyder Poway, CA 92064-2043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 929 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Beau M Soares Anaheim, CA 92807-4747	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steven D Soares Los Banos, CA 93635-4321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Burton R Sobelman Beverly Hills, CA 90211-3108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. James Scott Socoloske Newport Beach, CA 92663-3304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Paul Charles Sokolowski Irvine, CA 92602-2433	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Levon Solak Tulare, CA 93274-4139	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sumner S Sollitt Long Beach, CA 90815-4662	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joshua Joseph Solomon Livermore, CA 94550-4271	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Pavneet Sondhi San Diego, CA 92129-2815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dennis Song San Francisco, CA 94118-3316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Doris Lin Song San Francisco, CA 94118-2614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Helen J Song Riverside, CA 92506-3816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Immi Song Albany, CA 94706-1825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David C Sorensen Sacramento, CA 95816-5019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jerold R Sorensen Fresno, CA 93711-0552	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>932</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Laleh Sotoodeh Corte Madera, CA 94925-1737	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gary James Soudan Oroville, CA 95966-5368	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David L Sparks Cerritos, CA 90703-7309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Andrew Warns Spath Corona Del Mar, CA 92625-1940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dan J Spears Newport Beach, CA 92660-7783	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. James A Speckman Ventura, CA 93003-1811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David Michael Spector Chico, CA 95926-2002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Joelle Taves Speed Roseville, CA 95661-3097	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard O Spencer Clovis, CA 93619-9337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Vladimir W Spolsky Los Angeles, CA 90095-3075	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$72.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 934 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Robert W Sprague Camarillo, CA 93012-5156	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alan C Sproles Visalia, CA 93291-4119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Van Nguyen Sproul Livermore, CA 94551-8893	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jack H Stansfield Jr. Fair Oaks, CA 95628-7559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Alison C Stapakis Los Alamitos, CA 90720-3102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 935 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jeffrey Allan Starr Menlo Park, CA 94025-4010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alan R Stein Northridge, CA 91324-5459	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jeffrey Howard Stein Lancaster, CA 93534-2886	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marc Pierre Steiner San Diego, CA 92127-2349	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bruce A Stephenson San Leandro, CA 94577-4702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 936 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Michael John Stepovich San Jose, CA 95124-6212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark David Stevenson Concord, CA 94520-2083	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Devin L. Stewart San Luis Obispo, CA 93401-3615	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Edward L Stoddard Los Banos, CA 93635-4325	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Orsure Wray Stokes San Marcos, CA 92078-5409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Denise Isabelle Stolz Lakewood, CA 90713-2307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Frank Clair Stone Irvine, CA 92612-2729	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Kurt Daniel Stormberg La Mesa, CA 91941-6529	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Cameron Michael Stout San Diego, CA 92103-1808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Marwood M Stout Oxnard, CA 93030-0145	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Myron R Strasser Jr. Modesto, CA 95350-4046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert P Straubinger Hemet, CA 92543-7624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Joel L. Strom Beverly Hills, CA 90212-4815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Judith Strutz San Bernardino, CA 92408-3449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Paul Joseph Styrts San Diego, CA 92121-2145	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Charles Yuk-Cheung Su Sacramento, CA 95823-2629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Judy Su Fairfield, CA 94533-3445	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lan Su Westlake Village, CA 91362-6779	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Peiti Su Sacramento, CA 95864-3120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Edward S Suh Buena Park, CA 90620-3884	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Peter S Suh La Canada Flintridge, CA 91011-2155	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bina Chandru Sujan Lakewood, CA 90712-1354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Kirk William Sullivan Downey, CA 90240-3727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James Marthin Sumilat San Bernardino, CA 92404-4600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tina F Sun Rowland Heights, CA 91748-2762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Alison Sung West Covina, CA 91790-3001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James Steven Supancic Jr. Visalia, CA 93291-4332	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mavern S Suprono Colton, CA 92324-4185	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Richard Sutedja Fremont, CA 94536-6736	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tad Suzuki Santa Barbara, CA 93111-4024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>942</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Yusuke Suzuki Lodi, CA 95242-7502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Erik Sean Swanson Visalia, CA 93277-6131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Adam Loihl Swenson Santa Barbara, CA 93105-5520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Steven Douglas Szarzynski Upland, CA 91786-3669	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Douglas S Szeto Lake Forest, CA 92630-4810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 943 of 1677
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Paul Edwin Szmyd Livermore, CA 94551-2809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. C Thaddeus Szymanowski Sacramento, CA 95825-6317	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jonathan Szymanowski Sacramento, CA 95825-6317	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard My Quoc Ta Fremont, CA 94539-7981	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bruce Lee Taber El Dorado Hills, CA 95762-5280	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ephraim Jonathan Tabornal San Diego, CA 92124-3029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Samir Yusuf Tadha Riverside, CA 92509-4404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Cecille Kaye V Tafalla Visalia, CA 93291-5014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shawn Taheri San Jose, CA 95123-5403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alice H Tai San Ramon, CA 94582-4935	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Anahita Tajbakhsh Studio City, CA 91604-1934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert Y Takano San Diego, CA 92122-1048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$36.25	\$108.75	
1/31/2019	Dr. Craig Y Takeshita Cerritos, CA 90703-5358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Paul M Takla Belmont, CA 94002-1664	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maryam Talaie Culver City, CA 90232-2719	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Anna Khodadadeh Talmood Fullerton, CA 92835-3507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Elaine Tamiko Anaheim, CA 92804-5314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alan Clarence Tan Woodland, CA 95695-3106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Calvin Tan Los Banos, CA 93635-3478	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Christalyn M. Tan Walnut Creek, CA 94597-2002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/31/2019	Dr. Dean Tan Irvine, CA 92618-0409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mintra Tan Los Angeles, CA 90022-1606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael K Tanaka San Dimas, CA 91773-4066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Sara Tanavoli Woodland Hills, CA 91367-2015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jessica Tang Walnut, CA 91789-2637	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/31/2019	Dr. Yat Y Tang Santa Maria, CA 93454-8801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Scott A Tangeman Bakersfield, CA 93309-9118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark E Tarica Beverly Hills, CA 90211-3120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Samuel R. Tarica Beverly Hills, CA 90211-3120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Maryum Tariq Fremont, CA 94536-6060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>949</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ben Francis Tarsitano Watsonville, CA 95076-6020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kathleen Brennan Tavarez San Carlos, CA 94070-2026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alan Benton Taylor Palmdale, CA 93551-3104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alberto Taylor Arcata, CA 95521-6723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gregory D Taylor Redding, CA 96001-0157	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 950 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Verginia Kirilova Tchaga Santa Clara, CA 95050-4289	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Luis Neto Teixeira Turlock, CA 95380-4542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael K Terry Castro Valley, CA 94546-6434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Angela Terzian Burbank, CA 91501-2171	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tadesse Tesfamichael Windsor, CA 95492-6885	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$81.96	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 951 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Michael Don Thai Arcadia, CA 91007-1511	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mindi C Thai San Jose, CA 95123-2320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Quynh-Thu Thai Fallbrook, CA 92028-3351	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maungmaung Ryan Thaw Milpitas, CA 95035-3052	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Vicheth Thay Sherman Oaks, CA 91423-3024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>952</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Sharine Valentine Thenard Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michael C Theurer Lancaster, CA 93534-2851	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Carla Yvette Thomas Inglewood, CA 90305-2322	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Roy L Thomas Carmel, CA 93923-8749	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. William B Thomas Lake Elsinore, CA 92530-3600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Christopher T Thompson Oceanside, CA 92056-4458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Kenneth D Thompson Modesto, CA 95356-8505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Katherine Anita Thomson La Jolla, CA 92037-1718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Trevor Robert Thorn Sonora, CA 95370-5969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Matthew S Thunberg Torrance, CA 90505-3919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Timothy Quoc Tien San Diego, CA 92104-1512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Vikram Raj Tiku San Luis Obispo, CA 93401-6924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$195.00	\$195.00	
1/31/2019	Dr. Melisa Lynn Tillner Chula Vista, CA 91911-6602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Felines Hornilla Tipton Eureka, CA 95503-4541	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Quynhlinh To Lakewood, CA 90713-1129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Tran Bao To Hawthorne, CA 90250-5807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Thomas J Toffoli San Ramon, CA 94583-1583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Wayne T Tofukuji Torrance, CA 90505-2541	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Matthew Vincent Tognotti Walnut Creek, CA 94596-8601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Len A. Tolstunov San Francisco, CA 94109-5490	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 956 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jeffrey Francis Tom Sherman Oaks, CA 91403-1781	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Huyen-Nga Nu Ton Garden Grove, CA 92843-4658	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Hongsheng Tong Riverside, CA 92505-7119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Huy Chau Tong Westminster, CA 92683-7057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John K S Tong Cupertino, CA 95014-3028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>957</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. M. F. Tommy Tong Gilroy, CA 95020-7801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stanley Tong San Francisco, CA 94109-3024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jacquie Mai-Thao Tong-Lim Vallejo, CA 94591-8039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Finn H Tonsberg Alameda, CA 94501-2633	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Dai Tonthat Hayward, CA 94544-2130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ann Louise Tornabene Chico, CA 95973-1114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Stephen Scott Tornay San Diego, CA 92103-4904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maria Lou Torres-Reyes El Sobrante, CA 94803-2816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gary Calvin Totten Upland, CA 91784-1781	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Pedram Paul Towfighi Elk Grove, CA 95758-8072	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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NAME OF FILER  
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I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Eric L Towson Brentwood, CA 94513-7159	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Christine Tram-Hong Tram Santa Ana, CA 92704-5318	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Amy Tran San Gabriel, CA 91776-3642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Andy V Tran Santa Clarita, CA 91355-5091	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Anthony T. Tran Fresno, CA 93720-2409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. David Joseph Tran San Pablo, CA 94806-3758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Diane Phuong Tran Garden Grove, CA 92843-4667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Donald Trung Tran San Diego, CA 92105-1419	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Frank Dan Tran Morgan Hill, CA 95037-5475	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Henry Tran San Diego, CA 92115-4426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 961 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Hoang-Trang T Tran Hanford, CA 93230-2955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ho-Thao T Tran Alameda, CA 94501-2721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kenny Tuan Tran Poway, CA 92064-2425	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kevin Thanh Tran Fontana, CA 92335-3576	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Khai Hung Tran Lakewood, CA 90713-1129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>962</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Lee Cam Tran Los Angeles, CA 90012-2814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Loc Tran Elk Grove, CA 95624-5069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mai Uyen Thi Tran Vacaville, CA 95687-3559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nam H Tran Lake Elsinore, CA 92532-2983	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ngoc-Bich Jade Tran San Diego, CA 92101-2763	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 963 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ngoc-Nhung Tran San Carlos, CA 94070-3919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nhung Ngoc Tran San Jose, CA 95111-1917	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Phuoc T L Tran Bakersfield, CA 93308-3510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robin Tran San Jose, CA 95116-1623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sang Quang Tran Davis, CA 95618-0549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 964 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Thang Dinh Tran Montebello, CA 90640-4752	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tiphonie P Tran San Jose, CA 95132-2907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Todd V Tran Bakersfield, CA 93305-5006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Van H Tran San Jose, CA 95128-4812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Vu Gia-Hoang Tran San Jose, CA 95132-2906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 965 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Nicolas Transito Upland, CA 91786-6601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Christopher P Travis Laguna Hills, CA 92653-5134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Mark S Treystman Los Angeles, CA 90048-5724	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. My Hanh Hoang Trieu Sacramento, CA 95823-7924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Thomas Thang Trinh Whittier, CA 90602-3560	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 966 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. German A Trujillo San Diego, CA 92121-3020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chad Chinh Truong San Jose, CA 95112-4590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Thuy Gia Truong San Jose, CA 95126-2905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tiffany Uyen Truong Corona, CA 92882-3196	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dingchin Tsai Cupertino, CA 95014-3000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>967</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. James W Tsai Pasadena, CA 91107-1430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jenny Shaur-Chwe Tsai Escondido, CA 92025-3053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Linh N Tsai Carlsbad, CA 92008-1950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Patrick Tsai Sacramento, CA 95825-6207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Eric Levi Tsao Concord, CA 94519-2609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 968 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Kelvin A Tse Rocklin, CA 95765-5874	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kenny Tse Jr South San Francisco, CA 94080-1397	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chi Feng Tseng Burbank, CA 91505-4408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jessie I. Tseng San Mateo, CA 94401-2672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Albert Chi-Shek Tso Fremont, CA 94539-3074	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Vincent John Tso South Pasadena, CA 91030-2527	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dmitry Yury Tsvetov Temecula, CA 92592-4850	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Larry Chi-Tseng Tuan Arcadia, CA 91007-8576	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Julian Manuel Tudose Yucaipa, CA 92399-1956	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jack Win San Tun Fresno, CA 93703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 970 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Robert Donald Turton Santa Maria, CA 93455-5146	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Coeli Lapira Tuvera San Pedro, CA 90731-1985	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Claire Elizabeth Tyler Sonoma, CA 95476-6861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Elizabeth C Ubaldo San Francisco, CA 94121-2207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rodger K Uchizono Irvine, CA 92618-4113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>971</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Richard D Udin Los Angeles, CA 90089-0058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Beau M Ulrich Auburn, CA 95603-5121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gilbert S Unatin Seal Beach, CA 90740-5553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Nancy Ung San Leandro, CA 94577-4838	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Duane W Unzicker Hanford, CA 93230-3983	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Namrata Upadhyay Fremont, CA 94539-8055	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Mark M Urata Glendale, CA 91207-2123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Adriana Ustarez-Oji Fresno, CA 93720-2698	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David Uyehara Arcadia, CA 91007-6394	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Theodore T Uyemoto San Francisco, CA 94115-3604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>973</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. William A Vainer Sr. Campbell, CA 95008-3212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Alan J Vallarine Turlock, CA 95382-2500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Harry Robert Van Den Berg San Ramon, CA 94583-1758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Troy Curtis Van Pelt Quincy, CA 95971-9373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Reed E Van Wagenen Fresno, CA 93720-2957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 974 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Steven Vandenburg Napa, CA 94558-3469	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kao Nhiawa Vang Fresno, CA 93726-2600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Llanell Vararaj Belmont, CA 94002-2304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David Gidoen Varella Stockton, CA 95219-7146	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nicolas S. Veaco Stockton, CA 95219-2355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Yuri A Veber Oakland, CA 94618-1437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Pratibha Vegulla Redwood City, CA 94062-1344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeremy J Velasco San Francisco, CA 94102-1301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John A Vellequette Sunnyvale, CA 94087-2319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ellen A Venton Kensington, CA 94707-1402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 976 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Saher Verdi Los Angeles, CA 90064-1524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Allen Trent Vernon Yreka, CA 96097-3474	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey C Vernon Sacramento, CA 95816-5755	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Tony P Vertongen San Mateo, CA 94402-3976	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John Louis Vicelja Redondo Beach, CA 90277-5723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>977</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Ramir R Vicencio Hawthorne, CA 90250-4612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gregory J. Vigoren Newport Beach, CA 92660-7832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Priya S Vij San Francisco, CA 94143-2210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Maria G Villar San Jose, CA 95110-3056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Amandeep Brar Virk Union City, CA 94587-4432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 978 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Anthony T Vlahiotis San Francisco, CA 94105-2634	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Huy Chau Vo Sunnyvale, CA 94086-5867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ngoc Lan Vo Arcadia, CA 91007-6969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shivani Vohra Sacramento, CA 95815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Randall C Voss Arroyo Grande, CA 93420-3348	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Doan Duy Vu San Jose, CA 95116-1303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Don Quang Vu Newport Beach, CA 92660-6023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John Vu San Jose, CA 95128-4309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nga Thi Vu Oakland, CA 94609-3319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Trang T Vu San Jose, CA 95122-2613	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Carol A Wada Oakland, CA 94609-3405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Savannah Waddy Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Kelly Johanna Waggener Santa Rosa, CA 95405-6617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Timothy John Wahle Napa, CA 94558-6414	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John Andrew Wakeman Pismo Beach, CA 93449-2508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 981 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Marc Yasuyuki Waki Burbank, CA 91505-4339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert C Walcott Moraga, CA 94556-1952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Charles J Walker Taft, CA 93268-3127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Heath B Walker Taft, CA 93268-3127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lee R. Walker Los Gatos, CA 95032-2053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 982 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Kim E Wallace Davis, CA 95618-5043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Matthew J Wallace Ventura, CA 93004-2601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert M Walley San Francisco, CA 94102-1303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Claire Hwa-Ying Wang Fremont, CA 94538-1456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Daniel Y Wang Monterey Park, CA 91755-1709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 983 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Dave Wang Anaheim, CA 92801-5425	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Eddy Wang San Jose, CA 95129-4663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kingsley L Wang Woodland, CA 95695-3514	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michelle Y Wang Redlands, CA 92373-5216	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sarita Marie Wang Mountain View, CA 94040-4209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 984 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Weidong Wang Seaside, CA 93955-5741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark J. Warner Fairfield, CA 94534-3468	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Fredric R Warren San Francisco, CA 94127-1303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Peter Sol Warshawsky Palm Desert, CA 92260-3817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dina M Wasileski Sacramento, CA 95826-5418	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 985 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jerry H Watanabe San Ramon, CA 94583-3960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Keith T Watanabe Los Angeles, CA 90013-1647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Scot K Watase Montebello, CA 90640-3621	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey D Waterman Los Angeles, CA 90025-8424	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Markus Watson San Francisco, CA 94107-6440	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 986 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Nicole D Watson Bakersfield, CA 93312-2793	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Todd Jason Weaver Weed, CA 96094-2329	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Patricia Joyce Webb Sebastopol, CA 95472-3319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Paul Shannon Webb Patterson, CA 95363-2521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Walter G Weber Monte Sereno, CA 95030-2207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>987</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Irwin J Wedner Fullerton, CA 92835-4129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Sungchun Steven Wee Twentynine Palms, CA 92277-2085	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Karl F Wehrle La Mesa, CA 91941-5303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Patrick Y Wei Temecula, CA 92591-5579	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard Joseph Weibert Eureka, CA 95501-3231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 988 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Thomas B Weinrich Chico, CA 95926-3366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Denis M Weintraub Tarzana, CA 91356-5816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Robert H Weiser Apple Valley, CA 92307-1316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. William R Weissman North Hollywood, CA 91602-2210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. A Edward Westberg San Clemente, CA 92672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 989 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Lawrence W Westbury Santa Barbara, CA 93103-4228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Trent Howard Westernoff Redondo Beach, CA 90277-5715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Damon J Westwood San Diego, CA 92109-4547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Julie Whang Arcadia, CA 91007-1511	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Terry L Wheeler Torrance, CA 90505-4710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 990 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Katherina White San Jose, CA 95123-1220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Raymond E White Susanville, CA 96130-3716	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lee N Wiggins Carmichael, CA 95608-3049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Alison Wight El Toro, CA 92630-4961	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. William F. Wight Laguna Woods, CA 92637-4966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 991 of 1677
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Harley Jill Williams Livermore, CA 94550-4050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ross Orlin Williams Burlingame, CA 94010-4500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Steven Mark Williams Livermore, CA 94550-4050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Timothy G Willis Yreka, CA 96097-3203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Sean S Wilson Santa Rosa, CA 95404-6615	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Stephen Ray Wilson Bakersfield, CA 93311-1336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. William G Wilson Modesto, CA 95350-4655	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. William Robbi Wilson Poway, CA 92064-2058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey Wing San Francisco, CA 94108-4207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Audrey Lee Wingo Santa Cruz, CA 95060-4132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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California Dental Association Political Action Committee (CDA PAC)

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1/31/2019	Dr. James R Wise Calimesa, CA 92320-1146	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Richard C Wittenauer Newport Beach, CA 92660-0906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard F Wolven Eureka, CA 95501-4738	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jonathan J. Wommack Napa, CA 94558-9666	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Betty Wong San Francisco, CA 94115-3029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Dennis David Wong Sacramento, CA 95831-6119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Dennis K Wong Los Gatos, CA 95032-2046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Frederick C Wong Glendora, CA 91740-4801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ian Yee-Yan Wong Elk Grove, CA 95758-5265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Isabel Wong Menlo Park, CA 94025-1431	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jeffrey R Wong Oakland, CA 94609-3641	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lowry Yeh Wong Long Beach, CA 90805-6977	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Pamela Wong Dublin, CA 94568-3178	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Patricia M. Wong San Francisco, CA 94122-1718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Ralan Dai Ming Wong San Francisco, CA 94118-2648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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1/31/2019	Dr. Robert Chuen Wong Woodland Hills, CA 91364-1128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Wayne L Wong La Mirada, CA 90638-1654	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Wendy Wong Downey, CA 90241-5504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Wesley Wong Modesto, CA 95356-8981	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Wilson Wong San Francisco, CA 94122-1639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 997 of 1677
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Lydia Wong Huey San Francisco, CA 94111-2503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Andrew Woo Union City, CA 94587-3110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Ian Woo Monterey Park, CA 91754-2317	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John Woo Petaluma, CA 94952-2914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shaun Patrick Woo Palo Alto, CA 94306-3000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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1/31/2019	Dr. Steven Woo San Francisco, CA 94118-2378	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Charles C Wood Santa Monica, CA 90403-1402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. David F Woodill Modesto, CA 95350-0981	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Gerald D Woods Delano, CA 93215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Jedediah Walker Wooldridge Roseville, CA 95661-5919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Henry Y Wu Milpitas, CA 95035-6809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$53.69	\$109.00	
1/31/2019	Dr. George F Wu San Jose, CA 95131-1893	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kai Wu Arcadia, CA 91007-6703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Lawrence Cheng-Kay Wu Antioch, CA 94531-8689	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michelle Wu Vista, CA 92084-5218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1/31/2019	Dr. Peter Wu Arcadia, CA 91007-9271	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Rosemary Wu Roseville, CA 95661-7776	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sou-Ching Mike Wu San Ramon, CA 94583-4446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Wen Wu Foster City, CA 94404-1219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Soe Lwin Wynn Modesto, CA 95355-2413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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1/31/2019	Dr. Jennifer Trang Xa San Diego, CA 92126-4810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Xilin Xiang Sunnyvale, CA 94087-2611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jing Xu San Gabriel, CA 91776-1236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Khalid Markous Yacoub El Cajon, CA 92020-6614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mike M Yagake Cerritos, CA 90703-7134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1002</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Jasper Youn Yai Nevada City, CA 95959-2932	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Andrea E Yaley Menlo Park, CA 94025-4434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Michele Miyoko Yamada San Diego, CA 92107-3103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John M Yamamoto Alamo, CA 94507-1442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Mark Z. Yamamoto Huntington Beach, CA 92648-1713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1003 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Carolann Y Yamate Placentia, CA 92870-3939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Bexter Man Yang Cupertino, CA 95014-2184	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jeffrey Hyonmo Yang Roseville, CA 95661-3078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kathleen N Yang Orange, CA 92867-5248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Natasha Yashar Simi Valley, CA 93065-1546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1004</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Valentina Viktorovna Yasinsky San Francisco, CA 94118-3001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shervin Khoshnevis Yazdi Castro Valley, CA 94546-5402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bradley L. Yee Elk Grove, CA 95758-7944	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. H. Wesley Yee Sacramento, CA 95814-2501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. John C Yee Daly City, CA 94015-1445	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Lun Su Yee Daly City, CA 94014-2528	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Erwin Hao-che Yeh Berkeley, CA 94709-1563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Yu-Ling Irene Yeh Pinole, CA 94564-2520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. George M Yellich Santa Cruz, CA 95065-1579	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Wesley P Yemoto San Jose, CA 95118-3716	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1006</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Chung Kwan Yen Milpitas, CA 95035-4544	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Janette P Yhip Salinas, CA 93908-9485	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Jang K Yi Huntington Park, CA 90255-2929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Kain Yi Walnut Creek, CA 94596-8229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chunyi Yin Los Angeles, CA 90025-2783	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1007</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Nancy Y Yin Temple City, CA 91780-2403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Linda D Yip San Francisco, CA 94109-7149	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert S Yoneda San Jose, CA 95116-1925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Kay Kyunghwa Yoo Diamond Bar, CA 91765-3500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Roy Hyunchang Yoo Cypress, CA 90630-3169	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1008 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Insun Yoon Seal Beach, CA 90740-2647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kyung OK Yoon Whittier, CA 90601-3939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Richard S. Yoon Santa Paula, CA 93060-9128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Kristine Shigeiko Yoshida Big Bear Lake, CA 92315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Bradd Shozo Yoshioka Sonoma, CA 95476-6502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1009</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Larry M Yoshioka Torrance, CA 90503-4495	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Steven H Yoshioka San Jose, CA 95129-5214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Reema Younan Redlands, CA 92373-4329	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Barbara Young San Diego, CA 92117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Charles J Young Van Nuys, CA 91411-1613	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1010 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Colin Young San Francisco, CA 94121-3526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Edward Y Young Stockton, CA 95207-6416	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
1/31/2019	Dr. Glen Curtis Young San Francisco, CA 94121-2207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Randolph Steven Young Yorba Linda, CA 92886-3810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Thomas S Young Santa Cruz, CA 95065-1827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1011</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Tiffany P Young Glendale, CA 91204-4500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Chun-Zhu Yu Irvine, CA 92606-3130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. James K Yu San Francisco, CA 94102-1407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Peter K Yu Milpitas, CA 95035-6885	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Quinn Yu Chino Hills, CA 91709-5415	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1012</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Raymond Aunglwin Yu El Cerrito, CA 94530-3113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Sean Hyunouk Yu Irvine, CA 92604-8653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Xin-Yi Yu Santa Maria, CA 93454-5263	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Robert Sze-Mon Yuan Irvine, CA 92604-3051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Gregory S Zabek San Francisco, CA 94102-1405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1013</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Malakeh Zahedi Pomona, CA 91767-2247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Parisa Zakizadeh San Diego, CA 92121-3753	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Karl M Zander III Sacramento, CA 95831-3437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Arlene Aranes Zapanta North Hollywood, CA 91605-1455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Nikou Zarabian Los Angeles, CA 90048-5817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1014</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Parisa Zarbafian Foothill Ranch, CA 92610-2840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
1/31/2019	Dr. Hooman M Zarrinkelk Ventura, CA 93003-4185	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Paul Dorel Zau Valley Village, CA 91607-2344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Naomi Zaul Burlingame, CA 94010-3211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Purvi K. Zavery San Carlos, CA 94070-5156	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1015</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Shuyun Zeng Fremont, CA 94539-3074	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Emine Zengin-Demir Santa Clara, CA 95054-5106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
1/31/2019	Dr. Jenny Jinying Zhang Sunnyvale, CA 94086-5321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Tao Tao Zhang San Mateo, CA 94403-1321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Zhuoran Zhao Sunnyvale, CA 94087-1059	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1016</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Dr. Behrooz Zinati Beverly Hills, CA 90211-3106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. Shiyong Zou Sunnyvale, CA 94087-8127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
1/31/2019	Dr. David V. Zovickian San Francisco, CA 94109-8319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. John Michel Abajian Oxnard, CA 93036-0660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Robin F. Abari San Dimas, CA 91773-3205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1017</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. James A Abbott Santa Rosa, CA 95405-7830	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Joseph E Abe Pasadena, CA 91101-2048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Teny Abedian Sylmar, CA 91342-3213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Emma Abramyan Daly City, CA 94015-1445	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Guy Edward Acheson Rancho Cordova, CA 95670-2106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1018 of 1677
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Linda Ann Adams Loma Linda, CA 92354-3878	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Brand J. Ahn Larkspur, CA 94939-1822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Glenn Y Akutagawa Manteca, CA 95336-4608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Hanan Salim Al-Haddadin Redlands, CA 92373-9601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$132.91	\$145.00	
2/13/2019	Dr. George Altuzarra Indian Wells, CA 92210-7136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1019</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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2/13/2019	Dr. Ana Keyla Amaral-Springe Paso Robles, CA 93446-4844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Toni Ambus San Bruno, CA 94066-4231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Omid Anbiaifard Oakley, CA 94561-5779	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Mia Larissa Ancheta South Gate, CA 90280-3720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Douglas L Andersen Thousand Oaks, CA 91360-5808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1020</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Denette A Anderson Long Beach, CA 90807-4832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Raymond Angeli Stockton, CA 95207-5513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Shokouh Ansari San Juan Capistrano, CA 92675-2747	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Sara M Anwar San Jose, CA 95148-4045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ashley Stein Araiza Fallbrook, CA 92028-2153	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1021</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

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2/13/2019	Dr. Shahdad Arami Northridge, CA 91325-1903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Gregory Alan Ardary Temecula, CA 92592-8201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Thomas James Arostegui Fair Oaks, CA 95628-3137	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ana Maria Arteaga Rialto, CA 92376-4342	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Pooja A Aswani West Hollywood, CA 90046-5363	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1022</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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2/13/2019	Dr. Don C Atkins III Long Beach, CA 90808-1540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Tim Austin Auger Monterey, CA 93940-4651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Marc Ausubel Farmersville, CA 93223-1570	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Marlize A Ayoub Bellflower, CA 90706-5700	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Varouj T Azizian Glendale, CA 91205-3261	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$50.51	\$145.01	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1023</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Jamshid Azizzadeh Whittier, CA 90603-2075	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Charles Robert Bacquet Van Nuys, CA 91406-2103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Oded Bahat Beverly Hills, CA 90210-4512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Lea Lee Yusi Bangsil La Habra, CA 90631-5308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Shahriyar Banihashemi Toluca Lake, CA 91602-2544	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1024 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Nazanine Barcohana Beverly Hills, CA 90210-3216	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Alice J Barky Santa Maria, CA 93458-4237	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Eric Donald Barnes Chico, CA 95926-3359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Richard William Barnes Visalia, CA 93277-6203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/13/2019	Dr. Maher Labib Barsoum Upland, CA 91786-6017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1025</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Kevin D Barton Chico, CA 95926-1529	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Francoise Bason Oakland, CA 94601-3463	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Mark Kenneth Batesole Los Angeles, CA 90057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Harold L Baumstein San Jose, CA 95112-6215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Jessica Abrenio Bautista Riverside, CA 92508-4804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Ruth M Becker Torrance, CA 90503-4881	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Dalia Bedair Terra Bella, CA 93270-9416	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Payam Behradnia Santa Rosa, CA 95405-7862	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Josh Berd San Francisco, CA 94102-5920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Sheri Bernadett Grass Valley, CA 95945-9756	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1027</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Robert David Bernie Walnut Creek, CA 94596-5069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Philip Brian Bhaskar Monterey, CA 93940-4624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Christina A Bianco Salinas, CA 93908-1607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Mark Raymond Bieber Burbank, CA 91505-5301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Nikolin Spiro Bimbli Hawthorne, CA 90250-7001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1028</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Gerald L Bittner Jr San Jose, CA 95129-2648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Stanko Bjelajac Palo Alto, CA 94306-1165	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. William H Boehle San Francisco, CA 94127-1234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. John A Boghossian San Carlos, CA 94070-5237	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Timothy Jeffrey Boman Murrieta, CA 92562-5985	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Robert J Bonahoom Foster City, CA 94404-1293	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Jeffrey F Boothe Merced, CA 95348-2731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Frank T Bordonaro Victorville, CA 92395-3727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Vasag H Bouzoghlian Pasadena, CA 91106-2436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. M. Wayne Brandt Redlands, CA 92373-5239	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Nicolas L. Bronzini Millbrae, CA 94030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michael D Brown Vista, CA 92083-5103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. William F Brownridge Campbell, CA 95008-0519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Javier R Buendia Huntington Park, CA 90255-7600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. David M Burke Elk Grove, CA 95758-7949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1031</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Mia M Busan Garden Grove, CA 92845-2006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Roland Masayuki Buyama Oceanside, CA 92054-3036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Domenic Magnus Caluori Santa Barbara, CA 93103-2331	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Matthew J. Campbell Jr Sacramento, CA 95825-6316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Lisa Cannatella San Ramon, CA 94583-3960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$195.00	\$195.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1032</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Gabriel Aquiles Cano Sunnyvale, CA 94087-4300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Hon Van Cao Riverside, CA 92506-3939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Lourdes Cardoso Ontario, CA 91762-2157	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ruby C Carlson-Larson Kelseyville, CA 95451-8401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$72.50	\$145.00	
2/13/2019	Dr. Gary B. Carr San Diego, CA 92121-2731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Adrian Jerome Carrington Sacramento, CA 95831-5162	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. John T Carson Fair Oaks, CA 95628-7559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Bruce T Carter Santa Maria, CA 93454-6681	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Ilona C. Casellini Los Angeles, CA 90024-4003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$1.69	\$145.00	
2/13/2019	Dr. Robert A Chacon Jr. Dublin, CA 94568-7590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1034 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Ronald L Champion Modesto, CA 95356-8982	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Alex Chieh-Chang Chan Cypress, CA 90630-2235	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Henry R Chan Fresno, CA 93727-4744	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Ted Chan Long Beach, CA 90806-2837	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Hsin-ti Susan Chang Del Mar, CA 92014-3543	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Hsuan-Chen Chang Los Angeles, CA 90089-0058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Susan Chang San Diego, CA 92111-1116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Vicky Chang San Francisco, CA 94134-2826	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Yoonho Chang Apple Valley, CA 92307-2340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Warren H Chee San Francisco, CA 94118-3914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$150.00	\$150.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1036</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Dennis Shing-Der Chen Cupertino, CA 95014-3006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Flora Y Chen Anaheim, CA 92804-3727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Grace Fuang-Ling Chen Fremont, CA 94538-1736	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jiangkai Chen Milpitas, CA 95035-5412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/13/2019	Dr. Nancy Nan Lan Chen Burlingame, CA 94010-2667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1037</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Chuen Chie Chiang Sacramento, CA 95841-5403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Yi-An Chiang Milpitas, CA 95035-7922	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Yu-hsuen Jessica Chiang San Mateo, CA 94402-3989	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Alan J Chien Vista, CA 92084-4501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ly-Hong Chieng Riverside, CA 92506-2611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1038</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Karindeep Kaur Chima San Francisco, CA 94127-1303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Andrew Wen-Ru Chin Cerritos, CA 90703-9242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Herbert C K Chiu Union City, CA 94587-4940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Samuel Hoi Chiu San Francisco, CA 94121-1991	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Wayne Shuy Chiu Highland, CA 92346-2608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1039</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Paul Sung Woo Cho Los Gatos, CA 95032-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Cynthia J Chock Thousand Oaks, CA 91362-6138	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Raymond Y. Choi Tustin, CA 92780-3127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Thomas L Chou Milpitas, CA 95035-5453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Simon K Choyee Whittier, CA 90603-2910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1040</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Samuel W Christensen Aptos, CA 95003-3848	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Mark R. Christie Santa Cruz, CA 95060-4130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Darren Wayne Chu Anaheim, CA 92807-4315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Franklin Teh-Sun Chu Temecula, CA 92591-5120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Raymond T Chu Cupertino, CA 95014-2350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1041</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Vivian W Chui La Canada, CA 91011-2136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jihee Chun Covina, CA 91722-3762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Tae-Sub Chung Gardena, CA 90249-4528	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Bridgete Haley Clark Aptos, CA 95003-3119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$38.16	\$145.01	
2/13/2019	Dr. Tom H Clark San Jose, CA 95123-2701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$32.22	\$109.01	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1042</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. William E Clark Fresno, CA 93710-6065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Kathleen L Clemans Los Angeles, CA 90025-1785	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Amy S Coeler Lemoore, CA 93245-2612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. William B Coffman Yucaipa, CA 92399-3848	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Jeffrey Mark Cohen Beverly Hills, CA 90210-5017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1043</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

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California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Bridget Erin Collins Palo Alto, CA 94306-2548	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Jonathan West Collins Lincoln, CA 95648-2500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Craig W Conrow Palm Desert, CA 92260-4034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Curtis M. Contro Palo Alto, CA 94306-2548	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Matthew Howard Coons Atascadero, CA 93422-4232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1044</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Keith Mitchell Cooper San Jose, CA 95129-5015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Andrea Strauss Corsun Los Angeles, CA 90069-3709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Oscar Hernando Cortes Oxnard, CA 93030-6757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Paulo F Cortes San Diego, CA 92126-2361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Sun Costigan Novato, CA 94945-1254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1045</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Matthew Sean Cowman San Diego, CA 92109-4287	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Catherine J Cox San Rafael, CA 94903-3432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Christopher Loren Cox Rancho Cucamonga, CA 91701-5829	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. James A Cox Palo Alto, CA 94304-1602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/13/2019	Dr. Larry B Crawford Artesia, CA 90701-6628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
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OTH - Other  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1046 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Michael H Crial Fullerton, CA 92835-3432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Emilia S. Croy San Jose, CA 95127-3934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Robert M Cuenin Danville, CA 94526-1745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/13/2019	Dr. Zenaida Silva Cuisia San Diego, CA 92126-2310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Katherine Jane Curry Northridge, CA 91326-2450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Peter Charles Cutler San Jose, CA 95129-2357	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Steve R Czekala San Ramon, CA 94583-3960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Richard L Daffurn Sonoma, CA 95476-6920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Jennifer Mai Dang San Jose, CA 95121-1839	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Louis B Dang West Sacramento, CA 95691-4975	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1048 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Loan Phuong Dao Glendora, CA 91741-2450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Allen H Dare Berkeley, CA 94705-2082	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. David Martinez Datu Orange, CA 92865-1945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Hedelina Brillantes Daulo West Hills, CA 91307-2859	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Nicholas C. Davis Newport Beach, CA 92660-3549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1049</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Richard W Davis Santa Barbara, CA 93110-1851	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michael Bartholomew De Coro Visalia, CA 93291-5032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Jennifer M De Jesus Long Beach, CA 90807-2204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Fernando De La Pena Los Angeles, CA 90057-1007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Melanie Dr. De Leon Modesto, CA 95358-5500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1050 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Manuel Francis De Santos Hanford, CA 93230-4347	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Anthony L DeFont Sonora, CA 95370-4808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Marc Dentico-Olin San Diego, CA 92123-4288	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Nirlep K Dhillon Tracy, CA 95376-3721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Rashminder Kaur Dhillon Vacaville, CA 95687-7706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1051</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Sukhjinder Singh Dhillon Fairfield, CA 94533-3429	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. John Di Giovanni Laguna Beach, CA 92651-2908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Elizabeth Phoung-Quynh Dinh Redwood City, CA 94063-1687	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Carl Joseph Dispenziere Torrance, CA 90505-2018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ross H Dixon San Diego, CA 92121-3748	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1052</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Jonathan Do Arcadia, CA 91007-1614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Janice Thuy Doan San Diego, CA 92105-1080	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Eric Michael Donaty Beverly Hills, CA 90211-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Paul E Dougherty La Jolla, CA 92037-4575	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Steven A. Dugoni South San Francisco, CA 94080-1302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1053</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Richard B Dunbar Corning, CA 96021-2831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Richard E Dunn Visalia, CA 93277-4811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Tri D Duong Fresno, CA 93720-2504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Namita Dutta San Diego, CA 92128-2522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Armon Eben Westlake Village, CA 91361-2838	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1054 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Hossein Kia Ebrahim San Juan Capistrano, CA 92675-2747	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. James Richard Eckstein San Diego, CA 92103-4980	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michelle A Edwards El Dorado Hills, CA 95762-9330	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jeannine Chucri El Maasri Rocklin, CA 95677-3006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Lisa Ann Elenberger Davis, CA 95616-1073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1055</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. M Dee Elias Riverside, CA 92504-3811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Randal Stuart Elloway Red Bluff, CA 96080-4337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Rana A. Eloubaidy Redwood City, CA 94061-2779	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ramyar Elyassian Tustin, CA 92780-8031	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Patrick Emigh Long Beach, CA 90815-4018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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 (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1056</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Robert F Emigh Long Beach, CA 90815-4018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Todd A Emigh Long Beach, CA 90815-4018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ramona English Petaluma, CA 94954-6559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michael John Erickson Menifee, CA 92584-7389	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michelle M Espinoza San Diego, CA 92117-5362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. John I Esterkyn Antioch, CA 94509-7437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Paramjit S Everest Yuba City, CA 95991-3443	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Masoud Fanaian Reedley, CA 93654-3061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Behzad Mazda Fareid Kingsburg, CA 93631-2200	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. David E Farkas Sun Valley, CA 91352-4036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1058</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Alan L. Felsenfeld Los Angeles, CA 90095-0001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$72.00	
2/13/2019	Dr. Anthony T Fernandez Santa Rosa, CA 95405-4505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Kenneth N Ferraro Downey, CA 90241-4998	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Cameron G Fife Folsom, CA 95630-3830	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Bernard Fishman Long Beach, CA 90815-2820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1059</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Enrique Flores Moreno Valley, CA 92553-9674	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ellen Elizabeth Follmar Los Gatos, CA 95032-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Edward Joseph Formica Hemet, CA 92544-4776	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Terry W. Forsberg Modesto, CA 95350-3256	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Stanley E Franson San Leandro, CA 94577-4611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1060</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Richard Frederick Lancaster, CA 93536-4076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Kathleen Freed Bakersfield, CA 93301-1902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Graham R Freer El Cajon, CA 92020-3913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Fenghua Fu La Puente, CA 91746-1601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Bryan R. Fujii Oxnard, CA 93030-0158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1061</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Harold K Fung Oakland, CA 94607-4206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Peter Gabbay Beverly Hills, CA 90210-3226	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Mark Reid Gadberr Covina, CA 91723-1906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Veechika Gaddam Milpitas, CA 95035-5302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Dahab T Gaime Oakland, CA 94609-3642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1062</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Louis Joseph Gallia III Sacramento, CA 95825-6379	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Armen Galustain Calabasas, CA 91302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Maureen Galvez Hayward, CA 94544-5235	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Luz Liliana Gamboa Lake Forest, CA 92630-8374	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Todd T Gandy Redding, CA 96001-0848	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1063</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Richard L Gapper Bakersfield, CA 93301-1902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Adam Joseph Garfinkle Agoura Hills, CA 91301-2589	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Mindy Elyse Garfinkle Agoura Hills, CA 91301-2573	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Vasavi Garlapati Hayward, CA 94541-5008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michael John Garner Brentwood, CA 94513-2252	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1064</u> of <u>1677</u>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Ruth Beatriz Garzon Santa Maria, CA 93458-5035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Dyani Kalea Gaudilliere Palo Alto, CA 94304-1809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Gregory P Gechoff Santee, CA 92071-4289	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. John W Gee San Ramon, CA 94583-1365	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Joseph A Geleris Glendora, CA 91741-5315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Faina Gelman Westlake Village, CA 91362-5473	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Delilah Tabing Genido Chula Vista, CA 91910-2608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Shenouda Fathy Gewaid Los Angeles, CA 90037-2778	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Saman Reza Gharib Irvine, CA 92604-4791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Murad K Gharibian Orange, CA 92866-1620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Neehal Gamal Ghoniem San Diego, CA 92122-4401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. David Wayne Gibson Livermore, CA 94550-4143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michael Paul Giovannini Palmdale, CA 93551-1434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Andrew Goldenberg Thousand Oaks, CA 91360-6083	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Sandra Jean Gong Arvin, CA 93203-2402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1067</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Darren Gonzalez Santa Rosa, CA 95405-4500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jonathan M. Gordon Beverly Hills, CA 90210-4512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Dennis Lising Gorospe Cerritos, CA 90703-8804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Andrew William Gotelli Santa Barbara, CA 93101-2536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Simcha Gottlieb Beverly Hills, CA 90211-3605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1068 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Aaron L Grafton Pleasant Hill, CA 94523-4911	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michael L Green Sacramento, CA 95821-5445	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Vickie S Greenberg Altadena, CA 91001-2444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Andrew Scott Grivas III Sacramento, CA 95825-6207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Edna Siggaoat Grizzle Redlands, CA 92373-8089	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1069</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Donald A Grupe Irvine, CA 92612-1486	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Vincent Hung Khian Ha Los Angeles, CA 90036-2418	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Erich Konrad Habelt San Francisco, CA 94116-2272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Mona T. Hadaya Canyon Country, CA 91351-4875	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Edik Haghverdian Glendale, CA 91205-1316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. David Yigal Hakimi Westlake Village, CA 91361-2838	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Eddie A. Halasa Rancho Mirage, CA 92270-5517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Shweta Dubey Haldipur Sacramento, CA 95821-5109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Ann Marie Hale Upland, CA 91786-4368	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Douglas Ray Halloran Fresno, CA 93711-3708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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NAME OF FILER  
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I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Evan Stuart Halpern Rancho Cucamonga, CA 91730-7695	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Frederick W Hammond San Diego, CA 92108-3845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Naji Hamoui Glendale, CA 91206-2129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Ken M Harada Culver City, CA 90232-3610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/13/2019	Dr. Robert L Harmon Pleasant Hill, CA 94523-2036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1072</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Samuel Hayatt La Jolla, CA 92037-1480	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ana Maria Hernandez Ventura, CA 93003-7749	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Erica L Hindbaugh Fortuna, CA 95540-2852	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Phillip P Ho Santa Barbara, CA 93105-5523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Leslie A Hoenig Elk Grove, CA 95758-5996	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Irving D Hoffman Whittier, CA 90601-4518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Andrea Beth Holstein Los Angeles, CA 90024-4003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Davis Hong Los Angeles, CA 90033-2400	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jung Hee Hong Morgan Hill, CA 95037-5150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. David S. Hornbrook La Mesa, CA 91942-8246	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Koorosh Hosn Laguna Hills, CA 92653-3146	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Richard F Hover Visalia, CA 93291-6923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Lin Yun Hu Los Angeles, CA 90022-1776	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Andrew Huang Morgan Hill, CA 95037-7152	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Brian Chien-Nan Huang Manhattan Beach, CA 90266-5111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1075</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Joseph Huang Millbrae, CA 94030-1270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Wilson S Huang Alameda, CA 94501-4429	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. William Huerta Jr Salinas, CA 93906-3054	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Brennan Lyoyd Hughes Pico Rivera, CA 90660-4947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. David Dat Huynh San Francisco, CA 94122-2207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1076</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Maisy Sami Ibrahim Palm Desert, CA 92211-6102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Grace Rogacion Ignacio Long Beach, CA 90810-3244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Robert B Jacob San Diego, CA 92111-2284	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Theodore E Jacobson San Francisco, CA 94108-4205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Mark A Jadallah Foster City, CA 94404-1236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Hossein Jahangiri Whittier, CA 90605-2105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Marjon Bekhrad Jahromi Irvine, CA 92602-2400	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Adam Joseph Janette San Luis Obispo, CA 93401-2723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Gail Chan Jang San Francisco, CA 94102-1811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$0.67	\$109.00	
2/13/2019	Dr. Reshma Rejan Jawale Pinole, CA 94564-1425	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1078</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Philip R Jen Kin Cerritos, CA 90703-9242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Bennett C Jeong San Dimas, CA 91773-4347	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Won-Jung Jeong Downey, CA 90241-5504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Tony C Jewett Chico, CA 95928-5311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. John J. Jimenez Soquel, CA 95073-2428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1079</u> of <u>1677</u>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Kamlesh R Jinjuwadia Fremont, CA 94538-1409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jerry Alan Johnson Pasadena, CA 91104-1944	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Kent Bennion Johnson Hesperia, CA 92345-6526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Malia Johnson Nipomo, CA 93444-9123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Malieka Trinee Johnson San Diego, CA 92114-6201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Frederick L Johnston Dublin, CA 94568-3017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Jeffrey B Jones Redwood City, CA 94061-3402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Lars Bjorn Jonsson Laguna Hills, CA 92637-4966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Andrea Jordan Santa Rosa, CA 95405-4829	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ashley Krystle Joves Folsom, CA 95630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1081</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. William Juarez Palm Springs, CA 92262-3569	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Timothy Wayne Jue Ventura, CA 93003-3220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Christine Lee Jung Redondo Beach, CA 90277-5027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Elysa Kahan Tarzana, CA 91356-3550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Satbir K. Kahlon San Jose, CA 95121-1585	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1082</u> of <u>1677</u>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Sahar Kamkar Orange, CA 92868-5632	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Dong-Gil Kang Los Angeles, CA 90007-2402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Daniel Kantarovich Orange, CA 92868-4227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Meha Kapadia Clovis, CA 93611-4028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Gregory D. Kaplan Los Angeles, CA 90010-3307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1083</u> of <u>1677</u>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Navneet Kaur Hanford, CA 93230-4582	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Sukhmeet Kaur Hilmar, CA 95324-8350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. David W. Kelliny Torrance, CA 90505-3023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Joseph M Kent Mountain Mesa, CA 93240-9726	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Taylor Mitchell Kent Alameda, CA 94501-2899	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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2/13/2019	Dr. Varand Kerikorian La Crescenta, CA 91214-1409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Arbi Keshishian Anaheim, CA 92805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Justin Mark Keyashian Modesto, CA 95355-4228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Neelofar Ali Khan Sacramento, CA 95834-2589	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Mostafa A Khattab Corona, CA 92882-3272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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2/13/2019	Dr. Elham Kheirkhahi-Love Rancho Mirage, CA 92270-4126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ameneh Khosrovani Berkeley, CA 94704-3374	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Isam Khoury Daly City, CA 94015-2302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Sonia Khullar Los Angeles, CA 90004-5955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Howard Kim Los Angeles, CA 90020-3450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1086</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Gilbert L King Los Angeles, CA 90004-1308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. George Jerome Kingsley Sacramento, CA 95825-2104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Gerald M Kinoshita San Jose, CA 95129-5015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Kevin Ko Lafayette, CA 94549-4185	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Yi Ko Walnut, CA 91789-1849	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Clayton T Kodama Fresno, CA 93720-2986	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Sam I Kodama Fresno, CA 93720-2986	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Robert J Kogen Newhall, CA 91321-2819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Kaveh Kohanof Mission Hills, CA 91345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ronald A Kroll Monterey, CA 93940-4624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1088</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Anthony Tyrone Ku South San Francisco, CA 94080-1302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Randall David Kunert Costa Mesa, CA 92626-5221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Richard Y. Kunihiro Upland, CA 91786-8516	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jeff Ralph Kunkel Fresno, CA 93720-2698	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Hadi Sundjojo Kusumo Claremont, CA 91711-5289	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Zay-Ya Kyaw Los Angeles, CA 90042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. James Lai Sacramento, CA 95841-3101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Matthew Pack Lane Santa Maria, CA 93455-1602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ivan L Lapidus Los Angeles, CA 90025-8424	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Chris A Larson Garden Grove, CA 92845-2521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Kirk Barry Larson Fullerton, CA 92835-1740	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jimmy Lau Monterey, CA 91755-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Teresa Suk Ying Lau San Gabriel, CA 91776-1547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Daniel V Launspach Bakersfield, CA 93301-5728	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Chi Tran Law Newport Beach, CA 92660-5510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1091</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Chuck T Le Anaheim, CA 92801-4621	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Nam Van Le Folsom, CA 95630-3356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Thai H Le West Hills, CA 91307-1445	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Tim K Le San Diego, CA 92126-4822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Tommy Cuong Le Santa Ana, CA 92705-8535	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1092</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Tu Chau Le San Jose, CA 95111-3616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Anne Rei-An Lee South San Francisco, CA 94080-5975	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Cheryl May Lee Mountain View, CA 94040-2569	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Christianne M. Lee Irvine, CA 92604-2544	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Christine Y Lee Santa Clara, CA 95051-3005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1093 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Hin Pong Lee Aliso Viejo, CA 92656-5328	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jeffery S Lee El Dorado Hills, CA 95762-9310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jeffrey Ming Lee Milpitas, CA 95035-4544	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jun Ho Lee Merced, CA 95340-8201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Lambert T. Lee Los Angeles, CA 90057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1094</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Linda Hyunjung Lee Sanger, CA 93657-3171	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Samuel Y Lee Temple City, CA 91780-2243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Sharon J. Lee Anaheim, CA 92801-1817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Steven Frank Lee Roseville, CA 95661-7773	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Su Yim Lee Sacramento, CA 95822-2101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1095</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Thomas Chee-Ho Lee Thousand Oaks, CA 91360-8200	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Tricia D Lee Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Veronica Lee Hillsborough, CA 94010-7337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Warren L Lee Cupertino, CA 95014-2184	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Woo Yong Lee Indian Wells, CA 92210-7104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Gregory A Leisle Fresno, CA 93704-1945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Ivane Le-Nguyen Midway City, CA 92655-1223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Ian Paul Lennard San Jose, CA 95120-2903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ian G Leopold San Luis Obispo, CA 93401-2725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Mark H Leopold San Luis Obispo, CA 93401-2725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1097</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Philip Letts San Jose, CA 95111-1917	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Nancy Mei Leung Watsonville, CA 95076-6018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michael K Lewis Monterey, CA 93940-4638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. David James Li San Diego, CA 92128-2502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Yen-Hui Vickie Li Cypress, CA 90630-2235	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. R. Daryl Libby Hanford, CA 93230-9662	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Ann Yu-Se Lien Morgan Hill, CA 95037-7152	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Randy Q Ligh San Jose, CA 95128-1869	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Ji In Lim Oxnard, CA 93036-8259	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michael Sung Hyeon Lim Loma Linda, CA 92354-4187	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1099</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Victoria J. Lim Saratoga, CA 95070-3756	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Chen-kai Lin Bakersfield, CA 93309-4817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Eric Lin Lawndale, CA 90260-3306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Galinna Chia-Wei Lin South San Francisco, CA 94080-5988	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Louis Lung-Yu Lin Lomita, CA 90717-1600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Po-Jen Lin San Jose, CA 95129-2772	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Robert L Lin San Marcos, CA 92078-4081	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Taisen Lin San Bruno, CA 94066-4243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Shen Ling Torrance, CA 90505-4768	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Chris Chen-Shi Liu Irvine, CA 92606-3114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1101</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Peter Chuang-Hwa Liu West Covina, CA 91792-2832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ryan Reed Lloyd Monterey, CA 93940-4649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Nancy G Loh San Francisco, CA 94111-3823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Katherine Loi Arcadia, CA 91007-7606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Shervin M Louie Los Angeles, CA 90004-6410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1102 of 1677
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. David B Love Morgan Hill, CA 95037-5354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Everett L Low Stockton, CA 95202-1016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Gary K Low Stockton, CA 95202-1016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Jennifer M Low Stockton, CA 95202-1016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Willard H Low Stockton, CA 95202-1016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Cu Tu Lu Madera, CA 93638-3334	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Phong T Lu West Covina, CA 91790-3001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Sheldon Xiaochen Lu Tustin, CA 92780-3147	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Todd N Ludden Bonita, CA 91902-1701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Darwin Lum Fairfield, CA 94534-3474	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1104 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Brianne Tram Luu Azusa, CA 91702-3957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Blong Roger Ly Ione, CA 95640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Khanh Ly Fontana, CA 92335-4041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Sung S. Lydon Irvine, CA 92618-4693	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Edward A Lynn Milpitas, CA 95035-5453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1105</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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2/13/2019	Dr. Audrey S Ma Garden Grove, CA 92843-5270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Wenge Ma Milpitas, CA 95035-5412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/13/2019	Dr. David R Maahs Half Moon Bay, CA 94019-1727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Darren Machule San Francisco, CA 94102-1306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. John J Maguire Morgan Hill, CA 95037-2822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1106</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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2/13/2019	Dr. Dineshchandra K Makadia Mira Loma, CA 91752-2120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Saeid Malboubi Oakland, CA 94609-3156	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Reza Malekzadeh Long Beach, CA 90807-2017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Nina Mandelman Simi Valley, CA 93065-6507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ali Manouchehri Laguna Hills, CA 92653-7513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1107</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. George K Markle San Francisco, CA 94108-4103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Guadalupe Marquez Chula Vista, CA 91914-3599	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ronald Alexander Marquez Le Grand, CA 95333-9766	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Cameron K Mashouf San Jose, CA 95125-5111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Kayhan Lawrence Mashouf San Jose, CA 95125-5111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1108 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Bradley Scott Matthew Los Angeles, CA 90045-3818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Janice G Mazurek Ventura, CA 93003-1545	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Constance Ohlrich Mazzetti Palo Alto, CA 94301-3905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. James P McAndrews Downey, CA 90241-3303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Gary Lee McClanahan National City, CA 91950-5170	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1109</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Jeffrey Scott McClure Roseville, CA 95678-6602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Donald Bruce McEtchin Alameda, CA 94502-7416	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$100.00	\$100.00	
2/13/2019	Dr. Robert J McGovern Bishop, CA 93514-3413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michael E McKeever Gilroy, CA 95020-5022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Roderick E McMillen Jr. Fort Bragg, CA 95437-5422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1110</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Vahag Mehrabian Glendale, CA 91214-4247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Arvin T. Mehta Vacaville, CA 95687-6110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Chetan K Mehta Tustin, CA 92780-3426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ana Maria Meigs Chula Vista, CA 91910-7865	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. James W Mellert Torrance, CA 90503-5813	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1111</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Tristan Eleazar Mendoza San Leandro, CA 94577-4711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Peter G Meyerhof Sonoma, CA 95476-6430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Marshall J Michaelian Daly City, CA 94015-2616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Paul Jeffrey Michels La Mesa, CA 91942-3134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Cristian Miranda Palo Alto, CA 94304-1602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1112</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Ken Hitoshi Miyazato San Jose, CA 95111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Matthew Moadel Glendale, CA 91206-4282	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Zahra Moavenian Hayward, CA 94545	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. H Nico Moghtader Whittier, CA 90602-2508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Reginald Ivory Moore Los Angeles, CA 90002-3628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1113</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Victoria Elizabeth Moore San Mateo, CA 94401-2672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/13/2019	Dr. Larry R Morrill Palo Alto, CA 94304-1808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Joseph Moss Fresno, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Shawn Donovan Mucho Ukiah, CA 95482-6540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Edward Mark Murachanian Pasadena, CA 91101-2122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1114 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Nicholas J Murphy Jr. San Luis Obispo, CA 93401-2725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Christopher D Nagel Fountain Valley, CA 92708-5760	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Jeffery N Nagel Simi Valley, CA 93063-2188	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Norman J Nagel Simi Valley, CA 93063-2188	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Vincent Louis Nagel Fountain Valley, CA 92708-5760	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1115</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Radhika Nagesh San Jose, CA 95127-3025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Lawrence Napolitano Milpitas, CA 95035-5412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/13/2019	Dr. Hovsep Nargizyan Glendale, CA 91208-2523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Randa Radamis nagu Nasr Chino, CA 91710-4298	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Mahvash Navazesh Los Angeles, CA 90089	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1116</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. David A Neal Lodi, CA 95240-5542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Christopher D Nelson Round Mountain, CA 96084-0228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Daniel Nelson Mountain View, CA 94040-4207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Daniel T Ng Santa Maria, CA 93454-4522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Theodore Ng San Francisco, CA 94118-4008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1117 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Alan Long Nguyen Westminster, CA 92683-2247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Alan T Nguyen Redwood City, CA 94063-2481	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Amanda-Anh P Nguyen Sunnyvale, CA 94087-3759	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Anthony Dung Nguyen Pomona, CA 91767-3806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Bao-Chau L Nguyen Garden Grove, CA 92843-4648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1118</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Camtam T Nguyen San Jose, CA 95121-2415	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Don Nguyen Morgan Hill, CA 95037-4846	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Emily M Nguyen Modesto, CA 95356-9279	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Hien P Nguyen Chula Vista, CA 91911-3111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Hoang Quynh Nguyen Santa Ana, CA 92704-6041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1119</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Huy Justin D Nguyen San Jose, CA 95122-2144	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Kimberly Phuong Nguyen Newport Beach, CA 92663-3968	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Lan Thi Nguyen San Jose, CA 95121-1668	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Nick Minh Nguyen San Jose, CA 95125-5112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Thomas B Nguyen Newport Beach, CA 92660-3299	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1120</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Tiep Van Nguyen Fountain Valley, CA 92708-1305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Trang Pauline Nguyen San Jose, CA 95118-5227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Tri Manh Nguyen San Jose, CA 95121-1684	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Tuan H Nguyen Stockton, CA 95207-5709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Yen Hai Nguyen-Lenk Alamo, CA 94507-1955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1121</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Richard Edward Nichols Jr. Vacaville, CA 95687-6350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Canon Larson Nielsen Ventura, CA 93003-7872	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Natalia Nikolaeff Svensson San Francisco, CA 94118-1314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Christian Joseph Nip San Francisco, CA 94109-2504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Abraham Nobel Los Angeles, CA 90020-3937	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1122</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Leif E Nordstrom Hollister, CA 95023-5617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Kyomi O'Connor San Diego, CA 92130-2635	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. John Elliot Ogro Orinda, CA 94563-2604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jimin Oh Northridge, CA 91326-2450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Joon Hwan Oh Burbank, CA 91505-1003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Mi Ra Oh Burbank, CA 91505-1003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Sekwan Oh Sunnyvale, CA 94085-5419	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Steve S Oh Irvine, CA 92604-8652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Hidemi Oka Union City, CA 94587-4359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michael M Okuji San Francisco, CA 94115-2302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1124 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Gregory Olsen Folsom, CA 95630-3892	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Shannon Rupa Olson Nipomo, CA 93444-9123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Sioe H Ong Artesia, CA 90701-4417	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Stephanie Onwuegbusi Arcadia, CA 91007-6382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Marisa Origel San Gabriel, CA 91776-4131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Aminda Osorio-Modrell Alamo, CA 94507-1905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Mitchell Y Ouchi Los Angeles, CA 90063-2400	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Angelikki A Pagonis Cupertino, CA 95014-3238	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Iris M Paiso Granada Hills, CA 91344-1902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Paul Brian Palmer Moreno Valley, CA 92557-2884	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1126</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Marina L Pampalone Walnut Creek, CA 94598-2464	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Kirandeep Panatch Madera, CA 93638-3339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jorge Pantoja Turlock, CA 95380-3316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ewa Cyntia Parciak Yucaipa, CA 92399-3322	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Sujal Hemantkumar Parikh Victorville, CA 92394-6762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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2/13/2019	Dr. Heidi H Y Park Los Angeles, CA 90025-1264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jin Hwi Park Riverside, CA 92503-3800	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Mindy Min Jung Park Northridge, CA 91324-4648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Patrick Chulmin Park Pacific Palisades, CA 90272-3859	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Suzan Seungshin-Sung Park Danville, CA 94526-4113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1128 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Taiho Park Los Angeles, CA 90022-3116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. David E Parker Madera, CA 93638-3210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ryan Christopher Partnoff Pasadena, CA 91101-2009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Joseph P Passamano Irvine, CA 92618-2106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jayantilal G Patel Paramount, CA 90723-2758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1129</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Jnana Patel San Francisco, CA 94102-3916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Nancy R. Patel Hemet, CA 92543-3953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Roshni Patel Milpitas, CA 95035-3225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Tushar B Patel San Dimas, CA 91773-2330	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michael H Payne Sacramento, CA 95864-5746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Guy William Peabody Santa Cruz, CA 95062-2203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jochen Peter Pechak Monterey, CA 93940-7860	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Robert J Pelzar San Carlos, CA 94070-2321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Sireesha Penumetcha Elk Grove, CA 95758-4185	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Yaczaira Perez Riverside, CA 92506-2604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1131</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Apirada K Petchpud Pasadena, CA 91103-1341	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Caroline A Peterson Oakland, CA 94618-1437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Leonard W Peterson Cupertino, CA 95014-3024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Allan V Pfeiffer Malibu, CA 90265-5903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Anthony Pham San Diego, CA 92111-3772	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1132</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Binh Thanh Phan Cypress, CA 90630-2805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Vinh Dinh Phan Sacramento, CA 95821-6307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Benjamin Y Pi Anaheim, CA 92802-1229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jerome Santiago Pielago Auburn, CA 95603-5051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Kenneth Wayne Pierson Tulare, CA 93274-1601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1133 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Andele Espindola Pinho Santa Barbara, CA 93101-2509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Edward W. Po Fairfield, CA 94533-1649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Marisa C Podesta Bonita, CA 91902-1701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Patricia Ann Pompa Rialto, CA 92376-8062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Lorraine Carol Poon San Francisco, CA 94133-4449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1134</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Brent J Porter Santa Cruz, CA 95060-4129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Coral E Posert San Francisco, CA 94118-2813	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Louis Poulos San Jose, CA 95124-4112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Richard Sterling Powell Grass Valley, CA 95949-8193	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. K Terry Pratt Alameda, CA 94501-4410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$49.58	\$109.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1135 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Craig B Pursuit Los Angeles, CA 90045-3906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Mary Qiming Qian Palo Alto, CA 94301-2915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jessica P. Quiba Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Alan R. Rabe Carmichael, CA 95608-2134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Mojtaba Golpeykar Radi Folsom, CA 95630-3260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1136 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Abtin Rahimian Tustin, CA 92780-3517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Carole Sue Randolph Valencia, CA 91355-5085	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Hercules Joel Real Fullerton, CA 92832-1323	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Valentina Redden La Habra, CA 90631-4614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Robert E. Reed Bakersfield, CA 93314-7803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Allan R Reeder Anderson, CA 96007-3473	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Lionel E Rentschler Corona, CA 92879-3507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Hamid Reza Van Nuys, CA 91401-1410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Frank A Riccoboni Mountain View, CA 94040-4210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. John Dale Richardson Parlier, CA 93648-2666	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$132.92	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Larry R Rifkin Beverly Hills, CA 90210-4512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Paul W Riley San Fernando, CA 91340-2417	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Roger E Riley Mission Viejo, CA 92691-5328	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Richard J Ringrose Clearlake, CA 95422-9815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Garth B Riopelle San Ramon, CA 94583-4746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1139</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Michael H Robbins Beverly Hills, CA 90211-1841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Gary Kirkwood Roberts Palo Alto, CA 94304-1508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Sean A Robertson Santa Barbara, CA 93105-5500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Kris Matthew Robinson Orange, CA 92867-5328	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. William Lindsey Robison Sacramento, CA 95825-2105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1140 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Gregory A Roda Camarillo, CA 93010-1426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ivan Andres Rodriguez San Francisco, CA 94110-2477	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jeffrey Jason Rosa Sacramento, CA 95816-5248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Benjamin A Rosales Pinole, CA 94564-1784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Christopher Rose Hanford, CA 93230-5954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1141</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Hana Koda Rosen San Diego, CA 92111-1919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Geraldine E Ruiz Orange, CA 92865-1962	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Carl R Runyon Walnut Creek, CA 94596-5298	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. W Denny Rushton Lake Isabella, CA 93240-9009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Patrick Sabin Alturas, CA 96101-3306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1142 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Suzanne C Sablan Fremont, CA 94539-3112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Insiya Huseni Saboowala Cupertino, CA 95014-3016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Christopher Robert Sabourin Clovis, CA 93611-4044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Wasfi F Salama Bakersfield, CA 93301-1904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Israel Salin Bakersfield, CA 93309-7087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1143 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Dean Kennedy Sands Placerville, CA 95667-4220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Kourosh Joseph Sarkhosh Menlo Park, CA 94025-4428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Tina J Saw Carlsbad, CA 92009-8685	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Loretta Y Say Atwater, CA 95301-2306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. David E Sbardellati Orange, CA 92869-3239	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1144</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Scott D Schapansky Fresno, CA 93710-8327	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Eric Michael Scharf San Francisco, CA 94127-1303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. William Enguall Schluter Placentia, CA 92870-3751	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Stanton E Schuler Exeter, CA 93221-1220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Clyde L. Schultz Petaluma, CA 94952-4023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1145 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. David E Schwarting Playa Del Rey, CA 90293-7844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Melvyn S Schwarz Torrance, CA 90505-4990	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Golnar Sedghi-Berenji El Centro, CA 92243-4217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Shahryar Sefidpour Granite Bay, CA 95746-5908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Gary L Seid Sunnyvale, CA 94085-4040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1146 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Babak M Shabestari Sacramento, CA 95825-7326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$36.25	\$181.25	
2/13/2019	Dr. Marina Shah Fremont, CA 94536-3624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Puja Shah Encinitas, CA 92024-1322	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Vikram H Shah San Fernando, CA 91340-3316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Seyed Jossein Shahangian San Diego, CA 92131-1071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1147 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Parisa Shahi San Mateo, CA 94403-3485	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Rashmi Jaya Shankar Victorville, CA 92392-9225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. John S Shaver Victorville, CA 92395-3934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Yoshi F. Shen San Francisco, CA 94121-1712	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Marise Sheth Torrance, CA 90505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1148 of 1677
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Ashmita Shetty San Jose, CA 95132-2906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Kevin Sheu Carmel Valley, CA 93924-9227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Chiyo Shidara Pinole, CA 94564-2520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Seth S Shimono Lakewood, CA 90712-2633	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Donald Francis Shoff Red Bluff, CA 96080-3347	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1149 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Tatshyan Sihoe Marina, CA 93933-3175	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Adrian Eduardo Silberman Murrieta, CA 92562-5985	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Eddie Siman Sherman Oaks, CA 91403-3617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Rasheed Simjee Corona, CA 92881-3110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Maninder Singh West Covina, CA 91790-4658	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1150 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Satinder Romy Singh Sunnyvale, CA 94087-2332	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Sukhmani Singh San Francisco, CA 94121-1991	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Frank R Skiba Walnut Creek, CA 94596-5290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. James Martin Slepski Riverside, CA 92504-2639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Robert A Smith Fresno, CA 93710-8612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Kelly Kathleen Smudde Valencia, CA 91355-5624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. R Allen Smudde Valencia, CA 91355-5624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Kevin John Snaer Arcadia, CA 91007-6382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Guncha Sohi Placerville, CA 95667-5756	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Linda K Sonoda Cerritos, CA 90703-8546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Pedram Sooferi Los Angeles, CA 90014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Norman C Spalding Walnut Grove, CA 95690-0039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Jason Spears Pasadena, CA 91105-3152	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Erik Austin Stalder San Diego, CA 92108-1603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ross Martin Stangeland Redwood City, CA 94065-1030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1153 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Waleed Ashak Stephan El Cajon, CA 92019-3224	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Reem Nagui Stephanos Danville, CA 94506-4699	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Gregory E Stephens Fresno, CA 93726-0517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. William Gordon Stephens Westlake Village, CA 91361-3024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. John Craig Stevens Sutter Creek, CA 95685-4118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Thomas Hal Stewart Bakersfield, CA 93301-5727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Araceli Stout Los Angeles, CA 90022-3026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Dawne A Streutker Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Gladys Ines Suarez Anaheim, CA 92802-3111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Karen Ann Sue Newbury Park, CA 91320-3263	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Yudi Stephen Sugiono Redlands, CA 92373-7323	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Annie Sumi Suh Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Daniel Timothy Sullivan Santa Rosa, CA 95405-7830	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$195.00	\$195.00	
2/13/2019	Dr. Mark David Sutter Fairfield, CA 94534-7996	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jane Vu Svec La Mesa, CA 91942-0633	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1156 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Alexander J Sze San Francisco, CA 94108-4104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Ron George Takahashi San Leandro, CA 94577-4702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Robert Y Takano San Diego, CA 92122-1048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$36.25	\$108.75	
2/13/2019	Dr. Shigeru Takehana Montebello, CA 90640-3971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$105.49	\$109.00	
2/13/2019	Dr. Nancy Tang Santa Clara, CA 95054-2063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Sopheap Tang Riverside, CA 92508-9160	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Anahita Behram Taraporewalla Glendora, CA 91741-3419	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Pon T Tath Stockton, CA 95209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. David M Taylor Rolling Hills Estates, CA 90274-7603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. David R Telles Huntington Beach, CA 92647-9102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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2/13/2019	Dr. William P Tennant Berkeley, CA 94705-2122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Tadesse Tesfamichael Windsor, CA 95492-6885	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$63.04	\$145.00	
2/13/2019	Dr. Mark S Thibault Pinole, CA 94564-2531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Lowell Gerald Thomas Fremont, CA 94539-7977	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. John Michael Thompson Goleta, CA 93117-2271	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1159 of 1677
NAME OF FILER		I.D. Number
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SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Philip R Thunen Yuba City, CA 95991-4113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Andrew Tibbitts Murrieta, CA 92562-1950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Kristian Paul Tjon Santa Ana, CA 92705-8657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Rommel Toledo Alhambra, CA 91801-4437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Silvia Sanchez Toma National City, CA 91950-7446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1160 of 1677
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Thomas Toma National City, CA 91950-7446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Anita Kumari Tomkoria Orange, CA 92867-6302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ani Toomanian Glendale, CA 91206-1644	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Lawrence S Toomin Burbank, CA 91505-5301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Brian B Toorani Huntington Beach, CA 92647-8692	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1161</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Cameron Abbas Torabi Porterville, CA 93257-3831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Hillard L Torgan Woodland Hills, CA 91364-1461	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Julia H Townsend Los Gatos, CA 95032-2425	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Bruce G Toy Stockton, CA 95207-8252	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Aitrang Tran Los Angeles, CA 90012-2352	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1162</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Anthony Hung Tran Modesto, CA 95356-9279	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. David Hy Khan Tran Anaheim, CA 92801-1817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Elizabeth L Tran Santa Ana, CA 92704-3521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Lien T Tran Gilroy, CA 95020-7916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Quocbao Nguyen Tran Soledad, CA 93960-3383	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1163</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Teresa T Tran Milpitas, CA 95035-5412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Valerie Tran San Jose, CA 95111-4707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Gregg Eugene Trent Los Gatos, CA 95032-2059	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Greg R Tribble Chico, CA 95926-1529	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Louis J. Tricceri Auburn, CA 95603-2459	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1164</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Helen Thu Trinh Redwood City, CA 94062-1381	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Phil P Trinh Garden Grove, CA 92843-1833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Kiran Shantilal Trivedi Azusa, CA 91702-2709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Wandy W Tsai Scotts Valley, CA 95066-3551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Patrick K. Turley Hawthorne, CA 90250-6665	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1165</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Bernadette Tyler Poway, CA 92064-2042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Victor Andres Ugarte Santa Ana, CA 92705-8627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Matthew C. Uyeyama Modesto, CA 95354-1005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Stanley T Uyeyama Oxnard, CA 93030-3855	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Michael Cer Quindara Vallarta Concord, CA 94519-2580	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1166 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Huy N Van San Jose, CA 95123-4127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Dyan M Van De Velde Palos Verdes Estates, CA 90274-2787	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Peter Ralph Vandersloot Tracy, CA 95376-7789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Thomas D Varin San Rafael, CA 94901-3322	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Eric Duane Velk Wildomar, CA 92595-8664	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1167</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Mariangela Verano Walnut Creek, CA 94598-2464	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Timothy D Verny Lawndale, CA 90260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Cheryl G Vicencio San Jose, CA 95129-2330	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Paul A Vignaroli Livermore, CA 94550-4111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Gregory E. Vixie Grass Valley, CA 95949-7900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1168 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Sandra Hang Vo Westminster, CA 92683-7109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michael D Voyne Albany, CA 94706-1217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Christine Vu San Francisco, CA 94122-2207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Hang-Nga Thi Vu Temecula, CA 92592-5945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. John Vu Vista, CA 92081-6639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Veronica S Walch Tehachapi, CA 93561-2565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Edward Alan Walker Temecula, CA 92591-4679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. James Hsun Wang Santa Ana, CA 92703-3814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michael O Ward Sacramento, CA 95831-3437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Robert B Watkins Berkeley, CA 94705-1974	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1170</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Lawrence N Watts Redding, CA 96002-0119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Barrett Stewart Weller Escondido, CA 92026-3343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Frederick Wenck Jr. South Lake Tahoe, CA 96150-9018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Erich Manfred Werner Los Gatos, CA 95032-2017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Carl D Werts Glendale, CA 91208-1258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1171</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Kory D. West Westlake Village, CA 91361-3024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Richard E Wheatfill Aliso Viejo, CA 92656-3043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Soonmyo Baek Wheeler Rohnert Park, CA 94928-7907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Cheryl Lee Willett Santa Rosa, CA 95405-4813	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Allison Mae Wilson Playa Del Rey, CA 90293-7844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1172</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Dustin M Wirig San Francisco, CA 94123-4109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Gary Wirtschafter Culver City, CA 90232-3660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Peter S Wohrle Beverly Hills, CA 90211-1840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Brett Michael Wonenberg Fortuna, CA 95540-2451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Lawrence Lee Wong Rialto, CA 92376-8053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1173</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Shirley Wong Azusa, CA 91702-2968	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Heather Wood Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Jennifer Yai Wu Sunnyvale, CA 94087-2319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Thomas Hao-Hsien Wu San Gabriel, CA 91776-3152	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Rosa D Wynn Saratoga, CA 95070-4157	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1174 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Huai Xu Sacramento, CA 95823-4532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Richard M Yamamoto Santa Paula, CA 93060-3604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Ryan A. Yamanaka Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michael G Yamane San Fernando, CA 91340-1671	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Yan Yampolsky Gardena, CA 90247-3411	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1175</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Chengjie Yang Milpitas, CA 95035-2721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Michael Yang Tustin, CA 92780-2798	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Xijie Yang Ontario, CA 91764-4647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Frances Helen Yankie Mill Valley, CA 94941-2841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Kenneth M Yates Beverly Hills, CA 90212-4197	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1176</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Jennifer H Yau Los Gatos, CA 95032-2002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Mansoureh Yavari Escondido, CA 92027-2402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Bianca Yu-Aui Yee Sacramento, CA 95821-4312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Julie Ann Yee San Ramon, CA 94583-1365	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Madhavi Yellamanchili Roseville, CA 95661-2825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1177</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Jamie Yuen Yin Yeung Sunnyvale, CA 94087-3065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Joo Bin Yim Northridge, CA 91324-1487	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Penelope Yip Berkeley, CA 94705-2049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. James H. Yoo Napa, CA 94558-6410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Joon Sang Yoo Los Angeles, CA 90011-3526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1178</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Suk-Chan Yoo Merced, CA 95340-2133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Audrey Jung-Sun Yoon Los Angeles, CA 90010-2221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Kiwon Youn Anaheim, CA 92806-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. George Young San Francisco, CA 94132-1913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Justin Michael Young San Francisco, CA 94118-3316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Sylvania Sai Fan Yu Clovis, CA 93612-3865	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Ted Kuo Yu Montebello, CA 90640-3660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. William M Yue Rolling Hills Estates, CA 90274-7612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/13/2019	Dr. Rey Quijano Yulionsiu Fresno, CA 93726-4041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Tanya Zaghi Menlo Park, CA 94025-4428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1180 of 1677
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2019	Dr. Pedram Zarabian Burbank, CA 91506-1448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Sumera Zeeshan Rocklin, CA 95677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/13/2019	Dr. Hui Zhao Santa Paula, CA 93060-2823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/13/2019	Dr. Julian Henry Zhitnitsky Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Bruce S Abe San Diego, CA 92103-2129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1181</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Nejleh T Abed San Jose, CA 95128-4804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ryan Abelowitz El Cajon, CA 92020-6300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Thomas Steven Adamich Huntington Beach, CA 92648-1936	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Vernon James Adams Jr. Palo Alto, CA 94304-1508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Virginia Ipapo- Agustin La Puente, CA 91744-4261	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1182</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Mahmoud Abdallah Ahmad Hemet, CA 92545-4616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Christine Ahn Los Angeles, CA 90034-4349	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Zahra Akhondi San Carlos, CA 94070-3929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Mosheer Al Khalayeh Bakersfield, CA 93301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Diane E Allen Shasta Lake, CA 96019-9420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Kent W Allen Patterson, CA 95363-2519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ann Roselle Albania Amador Pico Rivera, CA 90660-4748	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Hanan Amini Sacramento, CA 95825-2000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Raj Joginder Anand Novato, CA 94947-2934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Arnold L Anderson Long Beach, CA 90807-4559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1184 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Christopher Dean Anderson Modesto, CA 95355-4229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Kerry Hillman Andre Pleasanton, CA 94566-6124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Mary Yvette Tan Antonio Mountain View, CA 94043-4757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jared Benjamin Antrobus Rocklin, CA 95677-4245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Fatemeh Arabpour Los Angeles, CA 90012-2194	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1185 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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2/28/2019	Dr. Maria Rebecca Orsouno Arambulo Diamond Bar, CA 91765-2200	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Kambiz Ardjmamand San Diego, CA 92104-1312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Mark E Arena Rocklin, CA 95765-5562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Farshid Ariz Los Angeles, CA 90049-6513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Gelareh Asadi Encinitas, CA 92024-5645	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1186 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Jerhet Russell Ask Jackson, CA 95642-2557	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jafar R Assaf Newport Beach, CA 92660-7707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Paul M Austin Santa Monica, CA 90404-1143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Artashes N Avakian Fresno, CA 93720-2994	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Maher Khamis Awwad Murrieta, CA 92563-2491	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Mohd Awwad Eureka, CA 95501-3838	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Bashar Azar Sunnyvale, CA 94085-4035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Joseph Azizi Van Nuys, CA 91401-4824	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Varouj T Azizian Glendale, CA 91205-3261	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$30.07	\$145.01	
2/28/2019	Dr. Kamran Azmoudeh Santa Rosa, CA 95405-6707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1188 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Levi Azurdoy Sacramento, CA 95821-3617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Tamar S Babayan Granada Hills, CA 91344-4662	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Olga Bachour Atwater, CA 95301-5173	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Janelle O Bacino San Diego, CA 92109-2541	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ferial Bagha San Jose, CA 95116-1615	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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2/28/2019	Dr. Matthew Clyde Baker Palmdale, CA 93551-4690	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Babak Bob Bakhshian Montebello, CA 90640-4011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Stewart R. Balikov Westlake Village, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Nikola Joseph Ban Toluca Lake, CA 91602-2312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Laura Banty Los Angeles, CA 90003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1190 of 1677
I.D. Number		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Krikor Bardakjian Burbank, CA 91505-4339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Nazanin Barkhodari San Francisco, CA 94123-4110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ronald John Barry Del Mar, CA 92014-3152	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jonathan R. Basiago Long Beach, CA 90808-1600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Sonia Recio Bautista Eureka, CA 95501-1338	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1191 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Vasiliki Bazos Torrance, CA 90505-4767	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Frank T Beavers Pinole, CA 94564-2253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$72.50	\$145.00	
2/28/2019	Dr. Jasbir Singh Bedi Oakland, CA 94609-2811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Lena Bedrossian Burbank, CA 91505-2727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Varahram Behdin Bakersfield, CA 93306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Wallace Jerome Bellamy Elk Grove, CA 95758-7920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Michael P Belluscio Fortuna, CA 95540-2347	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$50.75	\$152.25	
2/28/2019	Dr. Thomas Allan Berry Bakersfield, CA 93311-9509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Kavita Kumar Bhatia San Jose, CA 95123-3010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. James H Blake Seal Beach, CA 90740-2928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$100.00	\$100.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Ligia I Blanco-Spaeth Fallbrook, CA 92028-2966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jack John Bonura Redding, CA 96002-0338	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$144.76	\$144.76	
2/28/2019	Dr. Koren Borland Porterville, CA 93257	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Gina Marie Borrelli San Mateo, CA 94403-3823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Markos N Botros Mission Viejo, CA 92691-5815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1194 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Steven John Bounds Irvine, CA 92618-3718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Tab A Boyle Lancaster, CA 93536-7209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. William B Brady Newport Beach, CA 92660-5927	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Robert David Brennan Santa Barbara, CA 93111-4024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Mark Brisley Laguna Beach, CA 92651-2420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Mehravar E Brown Camarillo, CA 93012-4002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Carolyn Anne Browne Granada Hills, CA 91344-6356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Laurence Mark Brownstein Sausalito, CA 94965-2155	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Edward C Bruno Chico, CA 95926-1015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Christie R Burnett Los Angeles, CA 90045-3818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1196 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Jorge E Bustos Temecula, CA 92592-5593	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Federico Caceres Modesto, CA 95351-5087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Susan Bostwick Caldwell Cypress, CA 90630-4570	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ty D Caldwell Cypress, CA 90630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ted J Camaisa Coronado, CA 92118-3260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Nadirshaw Camay Santa Monica, CA 90401-1710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Jean E Campbell Placentia, CA 92870-2910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Ho Hac Cao Milpitas, CA 95035-5724	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Michael Jeffrey Carlson Escondido, CA 92025-4446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. S. Vivien B Chadkewicz San Diego, CA 92121-1334	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1198 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Charlene Renee Chan Sebastopol, CA 95472-4226	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Evelyn Hou Chan Huntington Beach, CA 92646-4900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Michael Yu Hin Chan Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ricci Yiu-Chi Chan Burlingame, CA 94010-4513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Diem Chieu Chang Laguna Hills, CA 92653-1241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1199 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Irene Chengching Chang Pasadena, CA 91101-2562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Leon H Chang Union City, CA 94587-4359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Russell E. Chang Los Alamitos, CA 90720-2686	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/28/2019	Dr. Wesley K Chang San Francisco, CA 94121-2221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jeffery Clyde Chantry Davis, CA 95616-0676	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Rock Chris Chapman Upland, CA 91786-4968	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Le Bich Chau San Jose, CA 95133-1942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Michael Juhsiou Chen Irvine, CA 92618-3178	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Steve H Chen Thousand Oaks, CA 91360-8219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Rennie Cheung Mission Hills, CA 91345-1203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Warren W Cheung Elk Grove, CA 95758-9568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Roland Garrett Chew Fremont, CA 94538-1519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Florence Lee Chiang Sacramento, CA 95831-5163	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Catherine Chien Oxnard, CA 93036-9003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jay J Chobdee Los Angeles, CA 90057-2248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1202</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. John Ung Choi Fullerton, CA 92835-3431	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Mark K U Choi Woodland, CA 95695-4362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Katy Chou Hacienda Hts, CA 91745-6783	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Gilbert D Chow Concord, CA 94519-2534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Thanh H Chu San Clemente, CA 92673-5624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1203</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Jong-Huey Judy Chyi Oakland, CA 94609-3105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$108.33	\$145.00	
2/28/2019	Dr. Grace Hsiao-Fei Chyuwei Sunnyvale, CA 94085-5422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jason Michael Cohen San Jose, CA 95128-4812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Marisa Colas Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Robert Joseph Colpitts Jr. Truckee, CA 96161-4109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1204</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Kevin Cordano Yuba City, CA 95993-8346	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Gaby Rosenberg Cosgrove Beverly Hills, CA 90212-2111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Paul E Cripe Gold River, CA 95670-4479	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/28/2019	Dr. Steven Craig Crowson Chico, CA 95926-3329	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Marilou Atienza Cuasay Sunnyvale, CA 94089-2025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Fabrizio Dall'Olmo Santa Monica, CA 90404-1812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Mamta Pooran Dalwani Los Angeles, CA 90025-1063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Sarah Jane Dancel-Atendido West Covina, CA 91792-3197	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Joseph Danesh Hemet, CA 92543-4078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Yass Dastmalchi Lafayette, CA 94549-4505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1206</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. David R Datwyler El Dorado Hills, CA 95762-4561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Maria Corazon R. David-Arrobio San Bruno, CA 94066-5426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Donald A Dazols Jr Belmont, CA 94002-3465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Abran B De La O Parlier, CA 93648-2666	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Saverio Sebastiano De Luca Dublin, CA 94568-2030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1207</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Bonita Clemente Dela Rama South San Francisco, CA 94080-5139	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Spartak Delakyan Van Nuys, CA 91405-1427	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Katherine Anne Demeyer Folsom, CA 95630-3831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Medha Ptel Desai San Francisco, CA 94109-2806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Prithvi Singh Dhani Laguna Hills, CA 92656-3628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$72.50	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1208</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Japneet Singh Dhillon Lathrop, CA 95330	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Laarni Bautista Diamse La Mirada, CA 90638-3558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Fred A Diercks San Mateo, CA 94401-2514	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Christine Do Pasadena, CA 91107-4934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Cung D Do San Jose, CA 95121-1792	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1209</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Hung Xuan Do Irvine, CA 92618-4103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Peter J. Dolas Laguna Beach, CA 92651-3520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/28/2019	Dr. Melissa Harris Dole Sacramento, CA 95821-5109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Stafford J Duhn San Francisco, CA 94115-2378	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Chona Ebalo-Villanueva Milpitas, CA 95035-4833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1210</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. John J Eisinger Monterey, CA 93940-2918	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Wiley M Elick Hanford, CA 93230-3500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/28/2019	Dr. Jad S. Elkhoury Napa, CA 94558-2415	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Alyson D Emery Long Beach, CA 90808-2149	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Douglas V. Emery Long Beach, CA 90808-2149	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. John Wesley Emison Los Gatos, CA 95032-2508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Kami Michelle Erickson Victorville, CA 92392-7648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Robert William Erlach Santa Rosa, CA 95403-3157	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Aaron Escalante El Cerrito, CA 94530-2810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Daniel T. Estacio Glendale, CA 91205-2511	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1212</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Elizabeth Estrada Tarzana, CA 91356-4320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. John T Evans Valencia, CA 91355-2850	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Michael E Ewert Crestline, CA 92325	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Farnaz Fadavi Newport Coast, CA 92657-1305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Angela Qing Fang Los Alamitos, CA 90720-3192	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1213</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Philip A Farinella Mission Viejo, CA 92692-1137	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. William L Farrell Palo Cedro, CA 96073-9761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Thomas P Farris Mountain View, CA 94040-4113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Grace Catherine Fedor San Diego, CA 92123-2230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Richard M Feinberg La Mesa, CA 91942-3026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1214</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Oliver Mendoza Fernandez San Francisco, CA 94107-1313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Claire Sabina Ferrari Kensington, CA 94707-1401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Edmund H Fey North Fork, CA 93643-9572	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. James W Fisher Mountain View, CA 94040-4111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Phillip Thomas Fletcher Palo Alto, CA 94306-4032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1215</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Robert Stephen Flores San Luis Obispo, CA 93405-1738	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Carol E Follette Santa Monica, CA 90404-2168	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Babak Forooghi Encino, CA 91436-2914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Christian Merit Fortney Escondido, CA 92025-4109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. David Allen Fossett Santee, CA 92071-4282	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1216</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Arturo J Franco Pittsburg, CA 94565-5217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Chia-Huang Frank Fu Gardena, CA 90248-3370	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Tin-Sue Terrance Fu Elk Grove, CA 95758-7920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. J Paul Fuentes Arcadia, CA 91007-1520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Glenn M Fujinaka Oakland, CA 94610-1323	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1217</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Craig S. Gainza Vallejo, CA 94591-8475	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. William L Gallagher San Francisco, CA 94122-4239	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Farinoush Gaminchi Santa Monica, CA 90404-1812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Devang M Gandhi Los Angeles, CA 90043-5144	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Vanisha Gandhi San Francisco, CA 94112-2527	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Dean Henry Garcia Laguna Hills, CA 92653-3100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Richard J Garcia San Francisco, CA 94103-2919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Mark A. Garlington Long Beach, CA 90815-3050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Patrick John Garrett Garden Grove, CA 92845-2522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Dominic Arias Gaspar Huntington Beach, CA 92646-4900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1219</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Alexander Gavrila Chino, CA 91710-4178	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Margareta Mariana Gavrila Chino, CA 91710-4178	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Navid M Ghods Santa Ana, CA 92704-7314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jonathan M Gidan Valley Village, CA 91607-3339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Robert P Giuliani Grass Valley, CA 95945-5724	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Paul Douglas Glassman San Francisco, CA 94103-2919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Mario A Godinez Encinitas, CA 92024-2787	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Nancy L Goebel Los Angeles, CA 90010-3307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Tabassom Priscilla Golchoobian Rancho Santa Fe, CA 92091-4368	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Rachel D Goldberg North Hollywood, CA 91605-5162	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1221</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Luzviminda Antas Gordo Whittier, CA 90602-1621	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Lisa A Gordon San Jose, CA 95116-1406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Farimah Goshtasbi Chino, CA 91710-5648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Anupama Grandhi Loma Linda, CA 92350-1706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Daniele Araujo Green Newport Beach, CA 92660-7714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1222</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. David Maxwell Greenfield Walnut Creek, CA 94596-8229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Belinda L. Gregory-Head San Francisco, CA 94108-4204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Maria Aurelia Guevarra Murrieta, CA 92563-2637	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Sabina Gupta Sud Petaluma, CA 94952-2914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Cristina Mascasaet Gutierrez Walnut, CA 91789-2302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. David M Guyot San Clemente, CA 92672-4052	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Annie Ha Irvine, CA 92604-4706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Hanh Hong Ha San Jose, CA 95125-1815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Maryam S Hadian Los Angeles, CA 90066-3452	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Kelvin W Hall San Francisco, CA 94108-4007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Robert H Hambleton Pasadena, CA 91101-2912	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Jamielynn Michelle Hanam-Jahr Beverly Hills, CA 90210-4339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Roger M Hanawalt La Verne, CA 91750-4416	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Denise Rose Handler San Diego, CA 92111-1919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Robert Allan Handysides Loma Linda, CA 92350-1706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1225</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Alexander JQ Hanley San Francisco, CA 94102-1306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Omid Haroonian Newport Beach, CA 92660-5505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Brad Lawrence Hart San Carlos, CA 94070-2026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Emmanuel Babajan Harton Santa Ana, CA 92701-2306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Randall Isao Hashimoto Fremont, CA 94536-5388	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1226</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Erica Haskett Fresno, CA 93710-5900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Randall Kay Heckert Eureka, CA 95503-4873	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Bruce S Heinrich Redlands, CA 92374-8271	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jason Dean Henderson Kings Beach, CA 96143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Tana Woodward Henderson Ripon, CA 95366-2350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1227</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Scott Clyde Hicken Fairfield, CA 94533-4904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/28/2019	Dr. Donald L Hillock Jr. Modesto, CA 95355-2719	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Stuart Jeffrey Hoffman Calabasas, CA 91302-3324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$42.95	\$145.00	
2/28/2019	Dr. Keith D Hoffmann Orange, CA 92867-6304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/28/2019	Dr. Sepand Hokmabadi Oakland, CA 94607-4034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1228</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Norman L Hollis Anaheim, CA 92807-3508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	(\$109.00)	\$0.00	
2/28/2019	Dr. Beverly Yi Zhang Hong Fremont, CA 94536-3582	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Raymond Eugene Hoyt San Dimas, CA 91773-4046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Annie Hsu Mira Loma, CA 91752-2933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Lynn Ann Hua Garden Grove, CA 92844-2660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1229</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Daniel Raymond Huang Redding, CA 96001-0178	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Duke Y Huang San Gabriel, CA 91776-4131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Rony Huang Tustin, CA 92780-3745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Margaret Claire Huffman Laguna Hills, CA 92653-6279	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Michael Huguet Pleasant Hill, CA 94523-2687	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1230</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. David Brian Hull Sacramento, CA 95825-1388	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Lidia Magdalena Hulshof Corona, CA 92882-3631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Dennis Rockwell Hunt Pasadena, CA 91101-3537	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Donna B. Hurowitz San Francisco, CA 94102-6147	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/28/2019	Dr. Julie L Huynh San Jose, CA 95132-1347	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1231</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Tan Canh Huynh Midway City, CA 92655-1233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Eliza Hyatt Larkspur, CA 94939-2035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Lee Reuben Ibarra Murrieta, CA 92562-5985	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Carrie A Imoto La Habra, CA 90631-9287	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Joyce Fang Inouye Irvine, CA 92604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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2/28/2019	Dr. Horia Theodor Ionescu Elk Grove, CA 95624-5069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. David Howard Isaacs Sherman Oaks, CA 91423-3031	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Susan E Ishioka Los Alamitos, CA 90720-2837	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Suresh S Iyengar Studio City, CA 91604-3711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$57.50	\$109.00	
2/28/2019	Dr. Rudell Gary Santos Jacinto Los Angeles, CA 90036-6104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1233</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Curtis E. Jansen Monterey, CA 93940-2903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Susan Jenny Jarakian Northridge, CA 91324-5968	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Amin Ben Javid Valencia, CA 91355-5635	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. David C Jen Rancho Mirage, CA 92270-3844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Suzanne Patricia Jensen Santa Barbara, CA 93105-5522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1234</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Kyle Y Jeon Corona, CA 92880	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Peter Nicholas Jimenez Yucaipa, CA 92399-1689	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jinho Joe Victorville, CA 92395-8708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Roger W Joe Sierra Madre, CA 91024-2513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Douglas B Johnson Hesperia, CA 92345-6526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Ebenezer Johnson Rialto, CA 92376-7027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Matthew Aaron Johnson Riverside, CA 92507-0966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Guy A Jones Pismo Beach, CA 93449-3404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Rey Pulido Joves Daly City, CA 94014-2034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Natasha J Judge Los Angeles, CA 90049-1932	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1236</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Kristin Eileen Judson Pleasanton, CA 94566-6124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Norman Steven Junio San Jose, CA 95119-1375	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. David Michael Kadar Ontario, CA 91761-4238	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Barry K Kadowaki Torrance, CA 90505-1921	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. James M Kahal Laguna Woods, CA 92637-4966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1237</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Marcus Y Kai Campbell, CA 95008-2364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Mehrack Kajian-Faraji La Jolla, CA 92037-1705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Guneeta Kumari Kalia Roseville, CA 95661-7779	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Scott W. Kaloust Menlo Park, CA 94025-4254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Emmanuel B Kandkhorov Irvine, CA 92604-4791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Barbara Jean Kane Oxnard, CA 93036-0677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Brad J. Kane Oxnard, CA 93036-0677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Gary K Kanemura Lodi, CA 95242-3933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Betsy Kaplan Oxnard, CA 93036-9003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ramouna Karvar Fair Oaks, CA 95628-7559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Satkar Vir Kaur Sacramento, CA 95811-3120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Simran Kaur Antelope, CA 95843-9003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Patrick M Keeley Monterey, CA 93940-4459	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Jacob D Kelly Rocklin, CA 95765-4387	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Stephen P Kerper Oxnard, CA 93036-0677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1240</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Dickran Yervant Ketenjian Pasadena, CA 91101-2614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Gary Kevork Kevorkian Glendale, CA 91207-2093	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Shaghayegh Khodadadzadeh Los Angeles, CA 90059-2358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Neda C Khodai Irvine, CA 92606-3130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Shahryar Khodai Sacramento, CA 95864-5746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Jay Khorsandi Encino, CA 91316-5200	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Go Eun Kim Folsom, CA 95630-8494	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Joanne J Kim Chino Hills, CA 91709-6171	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Julie Eunkyung Kim Montrose, CA 91020-1416	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Justin Eusun Kim Rocklin, CA 95677-3911	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1242</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Kwang J Kim San Diego, CA 92126-2363	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Mi Hye Kim Los Angeles, CA 90006-6512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Peter J Kim Sacramento, CA 95864-5746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. James H Kinsel Clearlake, CA 95422-9251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Karen Lam Kishiyama San Mateo, CA 94402-3046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1243</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Henry M Kitajima Danville, CA 94526-3323	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Nicholas Kitao Kitajima Danville, CA 94526-3323	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Saleem Mouada Kiwan Fresno, CA 93726-0522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Farideh Taghilou Knapp Los Angeles, CA 90004-4430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Steven T Kobayashi Albany, CA 94706-1162	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1244</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Jon M Koeldl Danville, CA 94526-3312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Asal Kohandel-Shirazi Brea, CA 92821-5379	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Chuck S Kon Colton, CA 92324-2922	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Vladimir Y Korbatov West Hollywood, CA 90046-6160	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Vilian Mihaylov Kossev Richmond, CA 94805-2217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Steven E Kratofil Apple Valley, CA 92307-0835	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Philip I Kress Cerritos, CA 90703-7307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Gary Douglas Krueger Encinitas, CA 92024-5141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Mikako Kuga Redlands, CA 92373-4247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Mark Atsushi Kujiraoka Sacramento, CA 95821-2640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1246</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Kinuko Lyn Kumamoto Mission Viejo, CA 92692-1137	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Rakesh Kumar Reedley, CA 93654-2446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Shaveta Kumar Menlo Park, CA 94025-1431	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Supriya Kumar-Vaderhobli Foster City, CA 94404-1695	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Chloe Nyunt-Nyunt Kuo Rosemead, CA 91770-3358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1247</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Brian David Lackey Monterey, CA 93940-4638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Timothy T Lai San Jose, CA 95120-5923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Renuka Dilip Lalwani San Jose, CA 95119-1431	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Joshua Reed Lange Temecula, CA 92591-4691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$159.00	\$159.00	
2/28/2019	Dr. Douglas J Langford Yreka, CA 96097-3316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1248</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. William N Langstaff Villa Park, CA 92861-4129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Brooks Michael Larson Brea, CA 92821-4945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Douglas Larson Campbell, CA 95008-1042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Benjamin I Laudig Goleta, CA 93117-2858	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Troy A Lauritzen Lafayette, CA 94549-4507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1249</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Shannon Harley Yvonne Lazarian Pasadena, CA 91106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Caroline T Le Redlands, CA 92373-7134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Catherine Le San Diego, CA 92111-6691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Daniel Tung Le Westminster, CA 92683-4700	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Mai Anh T Le San Jose, CA 95111-3616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Dental Association Political Action Committee (CDA PAC)

I.D. Number

742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Thao Le Stockton, CA 95219-2355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Tina Thuy-Khanh Chi Le Los Altos, CA 94024-5490	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Vinh Bao Le Vista, CA 92083-3209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ellen B Leaf San Mateo, CA 94403-2272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Monique L Leblanc Los Angeles, CA 90007-3304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Danny Lee Walnut Creek, CA 94595-1623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Gannon K Lee Mission Viejo, CA 92691-5328	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jeff Lee Arcadia, CA 91007-6235	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jennifer Lee Riverside, CA 92521-9800	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Johnathon H Lee Hacienda Heights, CA 91745-6356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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2/28/2019	Dr. Julia Lee Walnut Creek, CA 94595-1623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Kelly Lee Yorba Linda, CA 92887-3747	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Lily Heung Lee Milpitas, CA 95035-5203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Peter Chee Fai Lee San Francisco, CA 94116-2428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Sonia Jooyoung Lee Stanton, CA 90680-3609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1253</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Yon I. Samantha Lee Sacramento, CA 95825-2107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Yvonne Shuwa Lee Irvine, CA 92612-2729	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Rachel Yipei Leong Upland, CA 91786-3945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Danielle Abramo Levi Sausalito, CA 94965-2155	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Michael F Lew Torrance, CA 90505-3900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1254</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Hwa-Ling Liaw San Jose, CA 95129-2868	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Derek Martin Lichter Chula Vista, CA 91910-2801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. John R Licking Sunnyvale, CA 94087-2319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Semi Lee Lim Oakland, CA 94612-3410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Simon Sein Win Lim San Francisco, CA 94116-2252	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1255</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Gilbert See Limhengco Sacramento, CA 95834-7700	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Estelle Hwei-Wan Liou Rosemead, CA 91770-1514	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. David Aaron Lipson Palo Alto, CA 94301-2021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jennifer Tse Kwan Lo Antioch, CA 94509-7437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jonathan H Lo Rolling Hills Estates, CA 90274-7603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Leif Eric Albert Loberg Laguna Hills, CA 92653-1204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Robert Eugene Lombardo Yucca Valley, CA 92284-3797	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Christian C. Lopez Newport Beach, CA 92660-5545	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Barkley Low San Jose, CA 95139-1351	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Dich Nguyen Lu Santa Ana, CA 92704-7314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1257</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Xiao Lu Rosemead, CA 91770-1933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Robert C Lum San Jose, CA 95127-2807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Hoi Van Van Luu Monterey Park, CA 91755-3054	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Marshall Y Lyou Torrance, CA 90504-4120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Michael Hernandez Macalalad Fullerton, CA 92835-3205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1258</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Vivien Matibag Maghiran Fontana, CA 92335-8050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Randall L Malan Fresno, CA 93720-3377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Mickel A Malek Santa Cruz, CA 95065-1827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Anna Dee Trinidad Manalad Morgan Hill, CA 95037-4346	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$12.09	\$145.02	
2/28/2019	Dr. Zarmine Manoel Van Nuys, CA 91401-1024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1259</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Sri Janani Manohar Walnut Creek, CA 94598-2464	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Paul A Manos Woodland Hills, CA 91367-7563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Oscar Marin West Covina, CA 91792-5710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Anthony J. Marino Vacaville, CA 95688-4261	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. D. Kurt Marler Escondido, CA 92025-4602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1260</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Dax F. Martin Stockton, CA 95210-3308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Paul A Martin Chula Vista, CA 91910-2793	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Christie Lynn Martinez San Diego, CA 92103-4904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jaclyn C. Martinez San Jose, CA 95123-2701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jesus Eduardo Martinez Norco, CA 92860-1922	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Mencita Dabu Masangkay Hercules, CA 94547-1839	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Alireza Mashreghi Los Angeles, CA 90029-1760	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Leslie Tazuko Matsumura Livermore, CA 94550-4143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Maung Maung Monterey Park, CA 91755-1910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Rudolf Ernst Mayer Whittier, CA 90603-2177	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Roderick L McBride Hollister, CA 95023-5653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Patricia S McClory Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jared D McCune Lompoc, CA 93436-1401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Francis Edward McEldowney Garden Grove, CA 92843-2514	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Thomas P McGahey El Cajon, CA 92020-1321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1263</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Atosa Mehrfar Irvine, CA 92620-7347	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jon Jeffrey Menig Nevada City, CA 95959-2951	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Eric Martin Meyer Fullerton, CA 92835-2625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Svetlana Y Mezentsev Watsonville, CA 95076-2059	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Sherli Mobasser Mikail Los Angeles, CA 90049-3703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1264</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Nathan William Miller Merced, CA 95340-2837	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jack O Mills Livermore, CA 94550-4148	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Michael F Milos Oakland, CA 94621-2806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Nooshan Mirhadi Berkeley, CA 94705-2454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Vikram Mishra Chatsworth, CA 91311-2905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1265</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Curtis Ken Miyahara Los Altos, CA 94022-2745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Alexei I Mizin Calabasas, CA 91302-1145	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Tejas K Modi Perris, CA 92571-0801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Raees Mohammed Palo Alto, CA 94301-1041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Arnulfo Molina Reseda, CA 91335-3381	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1266</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Anahita Montaser Placentia, CA 92870-3830	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Alicia Ballew Montell Santa Rosa, CA 95401-4606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Alain Andrea Montiel Alameda, CA 94501-1368	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Sora Moon Anaheim, CA 92805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Gregory E Morgan Fresno, CA 93720-3832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1267</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Joy E Morris San Francisco, CA 94131-2018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Golshan Hassan Mortezaiefard West Hills, CA 91304-3859	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Michael Mostofi Laguna Niguel, CA 92677-3919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Eric S Munson Redlands, CA 92374-3576	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Laura Nadafi Thousand Oaks, CA 91360-5141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1268</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Ma MayThet Naing El Monte, CA 91732-3044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. IL Woo Nam Riverside, CA 92504-6076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Inci Narin San Diego, CA 92154-2180	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ehsan Nasery San Diego, CA 92123-3357	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Rahmatollah Kamili Nassi Beverly Hills, CA 90211-1828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Nina Molyayem Nattiv Los Angeles, CA 90048-5812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Carineh Nazarian Glendale, CA 91202-3622	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Reshma Batool Nazir Danville, CA 94506-4910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Michael Warren Neal Healdsburg, CA 95448-3363	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jennifer Claire Neglerio San Diego, CA 92129-2686	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1270</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Verne Nelson Fresno, CA 93711-6282	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jennifer E. New San Jose, CA 95128-3904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Daniel Dwight Newbold San Bernardino, CA 92408-3329	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Hanh N Ngo Garden Grove, CA 92843-4984	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Adrienne My-Tram Nguyen Palo Alto, CA 94306-2613	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Aivan Hoang Nguyen San Gabriel, CA 91776-3114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Binh D Nguyen San Jose, CA 95122-2614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Catherine Nguyen Brea, CA 92821-4116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Danny Tan Nguyen San Jose, CA 95133-1173	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Elizabeth B Nguyen Redwood City, CA 94063-2850	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1272</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Liem T Nguyen San Jose, CA 95111-3616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Linh D. Nguyen Lodi, CA 95240-3860	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Nhung Ngoc-Thi Nguyen Sunnyvale, CA 94085-4014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Paul Chau Nguyen Fremont, CA 94555-1202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Quan V Nguyen Stockton, CA 95207-4297	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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NAME OF FILER  
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I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Tao Duy Nguyen San Diego, CA 92103-2689	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Thuy Linh Nguyen Orange, CA 92868-4667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Truc Thanh Nguyen Fremont, CA 94555-1202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Rita Tarrosa Nievera Tarzana, CA 91356-4218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jon Minoru Nishikubo Livermore, CA 94550-4143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1274</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Marc Isao Nishino Orange, CA 92865-1908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Elana Yerushalmi Norman Santa Monica, CA 90404-2429	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Anne Marie Norris-Ozer Manhattan Beach, CA 90266-5345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Claire H Ogata Marcel Pleasanton, CA 94566-6138	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Steven D Ogaz Orange, CA 92869-4053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1275</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Matthew James Okui Encino, CA 91436-2610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Wesley K Okumura Loma Linda, CA 92350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Heike Amanda Olafsen Rancho Cucamonga, CA 91739-9662	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ella M Oong Los Altos, CA 94022-2732	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Melinda Rey Oquist Buellton, CA 93427-9646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Brian Orcutt Fair Oaks, CA 95628-3590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jon Alan Ornstil San Francisco, CA 94108-4209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Caroline A. Pacheco Sunnyvale, CA 94087-3065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Mark Robin Paden Modesto, CA 95355-1100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$36.25	\$108.75	
2/28/2019	Dr. William S Paden Alameda, CA 94501-2514	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1277</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Nelson D Pai Los Alamitos, CA 90720-2837	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Michael Papadopoulos Long Beach, CA 90814-1454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$143.44	\$143.44	
2/28/2019	Dr. Byung Kyu Park Los Angeles, CA 90006-2640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Daniel C Park Beaumont, CA 92223-1506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Dongkeun Park San Fernando, CA 91340-3627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1278</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Jin Park Granada Hills, CA 91344-5719	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Harshita Patel Salinas, CA 93906-3055	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Kinjal Amrutlal Patel San Jose, CA 95134-3361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Kush Patel Fullerton, CA 92831-3812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Steven Paul Temecula, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1279</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Louis Emanuel Paulerio San Diego, CA 92106-2278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. David Paxman Modesto, CA 95350-5365	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Neal H Pearson San Leandro, CA 94577-4612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$56.60	\$109.00	
2/28/2019	Dr. Timothy R Pearson Walnut Creek, CA 94596-4913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Thomas P Penders Merced, CA 95348-2420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1280</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Ellen M Peng Cupertino, CA 95014-2465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Saijai P Peng Walnut, CA 91789-2565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Mark C Perez El Cerrito, CA 94530-3648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Scott S Peters Vista, CA 92083-6020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/28/2019	Dr. Ayleen Peterson Sherman Oaks, CA 91423-3803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1281</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Gregory W Peterson Laguna Hills, CA 92653-5132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Doug Pham Irvine, CA 92604-3335	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Hang Pham Anaheim, CA 92801-6131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Lan N. Pham Westminster, CA 92683-4700	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Eric T Phelps San Jose, CA 95128-4812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Carol L Phillips San Luis Obispo, CA 93401-6622	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Andrew Vinh Phung Rocklin, CA 95765-4790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Oscar Merla Picache Lemon Grove, CA 91945-1809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Alan V. Pickett Vallejo, CA 94591-8475	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Steven R. Pickett Vallejo, CA 94591-8475	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1283</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Donna A Pitter Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Corene Janna Poelman San Diego, CA 92128-2522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. David Pokras Westlake Village, CA 91361-6205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Leland F Porteous Danville, CA 94506-1100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Angela Fereshteh Pourghassemi San Ramon, CA 94583-1394	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1284</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. L. Alfred Pragasam Redlands, CA 92374-4566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. James D. Prigmore Vallejo, CA 94589-2842	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Andrew Propes Merced, CA 95348-3400	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Louis Prusa Cupertino, CA 95014-2187	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/28/2019	Dr. Serena Guerrero Pugada Sacramento, CA 95816-5655	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Waiel Putrus National City, CA 91950-5835	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Scott Pyo Elk Grove, CA 95758-4148	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Georgina Quintero-Golshan San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Brian Quo Palo Alto, CA 94301-2448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Richard Rauth Santa Monica, CA 90401-1614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Nicolas Andreas Ravon Beverly Hills, CA 90210-5164	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jessica Costilla Ray Santa Cruz, CA 95062-5111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$195.00	\$195.00	
2/28/2019	Dr. Garry Anthony Rayant San Francisco, CA 94123-4811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	(\$109.00)	\$0.00	
2/28/2019	Dr. David Leslie Reagan Moreno Valley, CA 92557-7908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Rania N Refaat Rancho Cucamonga, CA 91730-1160	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1287</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Jason Renner Concord, CA 94519-2553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Kenneth Dimagmaliw Reyes El Sobrante, CA 94803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Samreen F Riaz Visalia, CA 93277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Carl C Riccoboni Mountain View, CA 94040-4106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Jeffrey D Riccoboni Mountain View, CA 94040-4106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1288 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Fariborz Rodefshalem West Covina, CA 91791-1500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Carl R Rodegerdts Woodland, CA 95695-4318	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Luz Micaela Rojas Indio, CA 92201-3009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Christopher Michael Rosenthal Petaluma, CA 94954-5507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Edward A Rothman Oakland, CA 94609-2009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1289</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Torrey Michael Rothstein Half Moon Bay, CA 94019-7172	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Richard D Rowan Merced, CA 95340-2837	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Anthony F Rubino San Pedro, CA 90731-3629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Giacinto F Rubino Lemoore, CA 93245-2611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Galen G Rusk Selma, CA 93662-2500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1290</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Sharon Sabet Beverly Hills, CA 90210-4384	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Nasir Sadeghi Fresno, CA 93711-2268	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Pouria Rezai Sadri Los Angeles, CA 90066-3452	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Roz Saedi Santa Monica, CA 90404-1142	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ahmed Saeed Covina, CA 91723-3518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1291</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Izabele Edita Sagat Westlake Village, CA 91362-5475	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Michael A Sales Santa Maria, CA 93455-5038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. James D. Sanderson Dixon, CA 95620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Sharon Sandhu Hemet, CA 92543-3097	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Eugene T. Santucci Atherton, CA 94027-3803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Lisa Sarasqueta Patterson, CA 95363-2519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Steven S Sasai Fresno, CA 93726-0524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Stuart J. Sato Santa Barbara, CA 93105-3879	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ma kriselda Nery Sayoc San Francisco, CA 94103-4003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Gregory M Scarcello Santa Barbara, CA 93108-3769	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1293</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. James P Schaeffer Oxnard, CA 93036-5058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Richard S Schalo Redding, CA 96002-0119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Roger Howard Schuster Santa Monica, CA 90403-4822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/28/2019	Dr. Jason A Scorza Rocklin, CA 95765-4389	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Bruce A Scott Walnut Creek, CA 94598-3029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1294</u> of <u>1677</u>
NAME OF FILER		I.D. Number
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2/28/2019	Dr. Daniel E Scott San Rafael, CA 94901-2811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Leigh Michio Sekimoto Burbank, CA 91505-2727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Richard Daniel Sellen San Jose, CA 95125-5101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Amrit Sethi San Francisco, CA 94127-2034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Amir Shad Elk Grove, CA 95758-7999	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1295</u> of <u>1677</u>
NAME OF FILER		I.D. Number
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2/28/2019	Dr. Payal Dhirendra Shah San Jose, CA 95129-3725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Punit Shah Corona, CA 92880-3804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Rajesh Madhusudan Shah Corona, CA 92879-6562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Tanvi Mahipal Shah Lafayette, CA 94549-2939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Dennis E Shamlan Fresno, CA 93711-0669	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1296</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Jafar S Shamszadeh Salinas, CA 93906-1851	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Omid Shayan Cypress, CA 90630-3097	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Richard L Sherman La Jolla, CA 92037-1218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Jimmy Yue Ming Shern Hacienda Heights, CA 91745-6356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Karen F Shibuya Chula Vista, CA 91914-4552	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1297</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Keith Y Shimamoto Morgan Hill, CA 95037-4346	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Michelle MiHae Shin San Bernardino, CA 92408-3244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Taha Galal Shoreibah Roseville, CA 95661-3808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Sima Shoumer Los Angeles, CA 90049-6606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Brian K Shue Hemet, CA 92543-4510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Ariana Shweish Huntington Beach, CA 92649-2044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Gurminder Sidhu Ceres, CA 95307-1806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Tory Lane Silvestrin San Bernardino, CA 92408-3348	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Luay Basin Simhairy El Cajon, CA 92019-3891	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Dwight Daniel Simpson Jackson, CA 95642-2557	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1299</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Amrit Kaur Singh Palo Alto, CA 94306-2517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Bruce Christopher Smith Escondido, CA 92025-3435	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Carl H Smith San Diego, CA 92122-1049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Robert F Smith Moreno Valley, CA 92557-7908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. A. Michael Sodeifi Cupertino, CA 95014-3235	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1300</u> of <u>1677</u>
		I.D. Number 742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Astrid Soegaard La Canada Flintridge, CA 91011-3437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Penn Young Soh N Hollywood, CA 91601-3163	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Sung Hyon Sohn Salinas, CA 93906-1735	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Neeta Somani Anaheim, CA 92801-5489	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Moon Song Los Gatos, CA 95032-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1301</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Russell F Soon Temecula, CA 92591-5285	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Fernando Robert Soto San Francisco, CA 94108-4109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Robert M Spaulding Chico, CA 95973-7722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Byron Reginald Spears Jr. Pasadena, CA 91105-3152	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Deepa Suseel Sreenivasan Los Angeles, CA 90045-3818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1302</u> of <u>1677</u>
		I.D. Number 742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Miroslav Stanic Visalia, CA 93291-5136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Kenneth L Stasun Half Moon Bay, CA 94019-1717	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Michael Anthony Stefanidis San Diego, CA 92119-2324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Cynthia E Stephenson Walnut Creek, CA 94596-3872	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Dean Philip Suanico Fresno, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1303</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Jose Suayan Santa Maria, CA 93454-4423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ki Hun Sung Los Angeles, CA 90006-2922	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Max D Swancutt Jr. Newport Beach, CA 92660-5505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/28/2019	Dr. Mark F Swimmer Lafayette, CA 94549-4507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/28/2019	Dr. Benjamin Y Szu San Gabriel, CA 91776-3114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1304 of 1677
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NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Marie Louise Tabora Glendale, CA 91205-1712	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Shigeru Takehana Montebello, CA 90640-3971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$3.51	\$109.00	
2/28/2019	Dr. Daniel E Tan Loma Linda, CA 92350-1706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Marilou CO Tan Sacramento, CA 95823-4387	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Arthur J Tanimoto Sacramento, CA 95823-5408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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2/28/2019	Dr. Lucia A Tanzil San Jose, CA 95128-2655	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Marissa Baula Tayag Poway, CA 92064-4220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Matthew William Teague Redding, CA 96001-0848	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Peter R Teng Tustin, CA 92780-3030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Paul A Teranishi Tracy, CA 95376-3859	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Samuel Cleveland Thacher San Francisco, CA 94107-1907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Peter Thai Fremont, CA 94555-3322	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Kimberly D. Thiel Yuba City, CA 95991-3494	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
2/28/2019	Dr. Elaine Ching-Mei Ti Pomona, CA 91768-4119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Llewellyne Liwanag Timple Fontana, CA 92335-1724	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1307</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Darryl B Tkachyk Loma Linda, CA 92354-4161	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Warren T Tofukuji Torrance, CA 90505-2590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Leticia R Tolentino Carson, CA 90745-7940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Thanh Tam N Ton Los Angeles, CA 90023-3360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Jose Hernan Torres-Uribe San Diego, CA 92123-3357	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1308 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Garrett D Toy Camarillo, CA 93010-1428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. PhuongThao Ngoc Tran Anaheim, CA 92804-5113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Vinh C. Tran Torrance, CA 90505-3766	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Larry Dale Trapp Loma Linda, CA 92350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$54.50	\$109.00	
2/28/2019	Dr. Brigid Walsh Trent San Ramon, CA 94583-2195	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Alex J Trigonis Santa Barbara, CA 93105-5520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Greg Trnavsky Westlake Village, CA 91361-6205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. An Van Truong Irvine, CA 92602-0833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Linda N Tsao Santa Clara, CA 95051-3005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. William G Tseng Palo Alto, CA 94301-1041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1310</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Kathryn Tseng-Mohammed Palo Alto, CA 94301-1041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Wayne K Tsutsuse El Dorado Hills, CA 95762-9335	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. G. Mitch Turk Orange, CA 92865-1909	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Delia Tuttle Lake Elsinore, CA 92532-2702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Eric R Tyler Novato, CA 94945-1218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1311 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Russell Uchizono Irvine, CA 92618-4113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
2/28/2019	Dr. Theodore J Urbanski Tustin, CA 92780-3586	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Nakako Uritani Berkeley, CA 94704-3374	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Michael D Uyeno Pittsburg, CA 94565-5217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Nader Mehra Vafaie Novato, CA 94947-4304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1312</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Anatoly Vaisman San Fernando, CA 91340-4358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Viviene L. Valdez Albany, CA 94706-1602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ian Pieter Van Zyl Healdsburg, CA 95448-3383	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Natalie A Vander Kam Cupertino, CA 95014-3235	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Christine Vian Fullerton, CA 92835-2625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1313</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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2/28/2019	Dr. Joseph P Viviano Stockton, CA 95219-2361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Dale F Wagner Whittier, CA 90601-3105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Archana Vijay Wakode Sacramento, CA 95835-1500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Kenneth G Wallis Santa Clara, CA 95050-6503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Andrew C Wang Sacramento, CA 95831-5568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1314 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Shiyu Wang San Leandro, CA 94578	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Susan Jene Wang La Habra, CA 90631-6057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Kallaya Wangpichit Artesia, CA 90701-6611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Linda T Wells Tehachapi, CA 93561-6423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Rick D Wells Tehachapi, CA 93561-6423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1315 of 1677
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SEE INSTRUCTIONS ON REVERSE

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2/28/2019	Dr. Perry L Westbrook Sunnyvale, CA 94087-2332	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Sarah C Wilsey San Anselmo, CA 94960-1878	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Shawn Kevin Wilson Redding, CA 96002-2101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Justin A. Winger Citrus Heights, CA 95610-7790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ryan C Wittwer El Dorado Hills, CA 95762-7137	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1316</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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2/28/2019	Dr. Robert W Wolf Jr. Redwood City, CA 94062-1342	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Allen K Wong Covina, CA 91723-1833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Samuel Sai Man Wong Colma, CA 94014-3216	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Yvonne Wong Foster City, CA 94404-2112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Franklin D. Woo San Francisco, CA 94105-1813	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1317</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Arthur Joon Wei Wu Walnut, CA 91789-2540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Henry Y Wu Milpitas, CA 95035-6809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$55.31	\$109.00	
2/28/2019	Dr. Jennifer Chai Wu San Gabriel, CA 91776-3028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Timothy T. Wu Mountain View, CA 94040-2679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Angeli Perfecto Yagasaki Torrance, CA 90505-5204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Jimmie S Yamaguchi Fremont, CA 94538-1630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Eugene Y Yamaguma San Francisco, CA 94143-2210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Teruo Yamamoto Costa Mesa, CA 92626-3072	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. David W Yang Highland, CA 92346	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Henry Yang San Francisco, CA 94110-2415	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1319</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. James Z. Yang Woodland, CA 95695-2986	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Karen R Yoon Santa Barbara, CA 93101-2481	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Terrie T Yoshikane Encinitas, CA 92024-1353	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Namching Jennifer Young Campbell, CA 95008-2129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Carolyn L Yu Pinole, CA 94564-2512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1320</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2019	Dr. Shahriyar Zandkarimi Escondido, CA 92025-1700	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Mani Zarnegar Laguna Hills, CA 92653-5507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Nadia Christina Zorapapel Canoga Park, CA 91303-2752	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
2/28/2019	Dr. Ralph S Zotovich San Jose, CA 95116-1908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
2/28/2019	Dr. Keivan Zoufan Los Altos, CA 94024-5414	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1321</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. David Abri Beverly Hills, CA 90211-2246	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Cordelia Achuck San Francisco, CA 94133-3354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Raeda Elias Adib-Kassar Glendora, CA 91741-3441	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Katayoun Afshar Coronado, CA 92118-2602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Parul Aggarwal Saratoga, CA 95070-4221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1322</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Suk Young Young Ahn Chico, CA 95928-8351	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Maria Ajlouny San Jose, CA 95127-2807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Nooshi Akavan Tarzana, CA 91356-3211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jay Akef San Diego, CA 92117-5479	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. John C Alexander Bakersfield, CA 93305-2939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1323</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Sinan Ali Alhamdi San Diego, CA 92126-3933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Hina Sultana Ali Pomona, CA 91766-7004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Christine S Allen San Diego, CA 92131-3555	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Vivienne Elizabeth Allen Mission Viejo, CA 92691-5327	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Rocio Alvizar Redwood City, CA 94061-4001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1324</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Bertram Amiri Los Angeles, CA 90023-1746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Awnie A Ammar Manteca, CA 95336-3208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Rachel Lynne Appelblatt South Lake Tahoe, CA 96150-3359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/21/2019	Dr. Hamit Aras San Diego, CA 92115-2704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Roya Arbab Hermosa Beach, CA 90254-2735	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
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3/21/2019	Dr. Jeffrey E Arkelian Fresno, CA 93710-5281	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Amanda Lee Arndt Tustin, CA 92780-2711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Todd Arndt Clovis, CA 93612-1002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Vidal S Arroyo Pico Rivera, CA 90660-2527	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Noorolhoda Aslani San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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3/21/2019	Dr. Gina Deana Assaf Newport Beach, CA 92660-7707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Hanna Atalla Hanford, CA 93230-3722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Michael Scott Atherly Citrus Heights, CA 95610-7790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Thomas Aul Rowland Heights, CA 91748-2955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Dzhoni Avetisyan Glendale, CA 91205-4551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1327</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Mark G Axelrode Pinole, CA 94564-2525	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Candelaria Ayala Glendale, CA 91204-2210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jacklyn Azarian Glendale, CA 91202-3069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Andrea Barcelas Azevedo Lodi, CA 95242-9296	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Maher Azzawi Rancho Cucamonga, CA 91730-0341	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1328</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Mounzer Bachour Merced, CA 95348-2435	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. John Joseph Bacino El Cajon, CA 92020-2807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
3/21/2019	Dr. Kristine Ellen Balcom Sacramento, CA 95816-5103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Michael Balikyan Pasadena, CA 91106-3201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Rana Baroudi San Jose, CA 95124-3038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1329</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Adrienne V. Barrett Santa Maria, CA 93454-4832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Daniel D Barry III San Francisco, CA 94108-3909	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Vahe Diran Barsoumian Round Mountain, CA 96084	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/21/2019	Dr. Frank T Beavers Pinole, CA 94564-2253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$72.50	\$145.00	
3/21/2019	Dr. Richard A Behl Citrus Heights, CA 95610-7803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Yosi Payam Behroozan Santa Monica, CA 90405-1320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jeff Steven Berlin Beverly Hills, CA 90211-2004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Frederick A Berry Dana Point, CA 92629-1191	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	(\$109.00)	\$0.00	
3/21/2019	Dr. Keith R Berryhill Madera, CA 93637-3062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Lindy Beverly Orange, CA 92866-2139	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1331</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Suman Bhagat Fremont, CA 94538-1409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Vihar Pravin Bhakta Downey, CA 90241-2620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jayant Ichmashanker Bhatt Diamond Bar, CA 91765-2227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Rica Biagan Irvine, CA 92618-0412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Omar Bissar Vista, CA 92084	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1332</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Zachary I. Boger San Jose, CA 95128-4811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jeremy Ryan Bold San Diego, CA 92127-3490	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jonar Remigio Bonifacio Alpine, CA 91901-1104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Michael C Borenstein Beverly Hills, CA 90211-2004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Slim Bouchoucha Sonora, CA 95370-5969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1333 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. James Sean Brodfuehrer San Diego, CA 92126-4811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Bruce Robert Brumm San Diego, CA 92122-2520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Matthew James Bruno Thousand Oaks, CA 91362-6208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Mairin Anne Bryan Santa Rosa, CA 95403-7220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Amy Marie Buehler Camarillo, CA 93012-5156	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Vinh Khac Bui Visalia, CA 93291-5136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Maritza Cristianne Cabezas Los Angeles, CA 90010-2395	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Wilner C Cacho Manteca, CA 95337-7315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Betty H. Cai San Francisco, CA 94122-4409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. James P Caley Redlands, CA 92373-4667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1335 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Donald R. Call Sunnyvale, CA 94087-3065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Marta Calvo Ontario, CA 91762-2157	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Oana I Carnu Ben Lomond, CA 95005-9301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Christopher John Carter Mission Viejo, CA 92691-5330	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Paul R Cavigli San Luis Obispo, CA 93401-2561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Maribel Agonos Celebrado El Cajon, CA 92020-1274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Orfan Chalabi Orange, CA 92867-5025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Amy M Chan Union City, CA 94587-4359	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Dennis Chan San Francisco, CA 94122-4308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lin Chan West Hills, CA 91304-5701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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3/21/2019	Dr. Barry Kai Chang Davis, CA 95616-9701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Henry Chang Saratoga, CA 95070-4157	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Hsiu-Chaai Mike Chang San Leandro, CA 94577-2904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Michael Kao-How Chang San Carlos, CA 94070-2451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Belen T. Chavez Milpitas, CA 95035-8519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1338 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Behnaz Cheikh Encinitas, CA 92024-5141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Adam Jung-Hong Chen Fremont, CA 94538-1724	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ellaine Saavedra Chen City Of Industry, CA 91748-1851	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ginnie I Nien Chen Tustin, CA 92780-3745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Rita Chen Los Angeles, CA 90010-2395	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1339</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Rachamadugu K Chetty Los Angeles, CA 90041-1062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Jennifer Chiang Sunnyvale, CA 94087-2319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Peter Chien Yorba Linda, CA 92887-3747	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Allison Gee Chin San Mateo, CA 94403-4364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Christopher T Chiu Dublin, CA 94568-2324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Monica Chmiel San Francisco, CA 94127-1429	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jennifer H Cho Berkeley, CA 94705-2030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. John J Cho Encino, CA 91436-4399	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Tina M Cho Riverside, CA 92504-1900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Han Kyoung Choe Victorville, CA 92395-4063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1341</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Christopher Choi Arleta, CA 91331-6405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Eunjung Jung Choi Banning, CA 92220-6503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jaewoong Choi Cupertino, CA 95014-3230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. James Han Choi San Ramon, CA 94583-2029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Kyung Duk Choi La Verne, CA 91750-3434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	03/31/2019	Page <u>1342</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Young H Choi Los Angeles, CA 90006-2316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Otis Tum Chong Laguna Niguel, CA 92677-2049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Nathan Fjeldsted Christensen El Cajon, CA 92019-4346	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Brian Stephen Chu Hesperia, CA 92345-1855	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Larina Hui-Ai Chu Hesperia, CA 92345-1855	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1343</u> of <u>1677</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Dental Association Political Action Committee (CDA PAC)	I.D. Number 742855
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Christine Chung Laguna Woods, CA 92637-3306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Tony Chung Fremont, CA 94539-3112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Michael D Ciccarelli Roseville, CA 95661-3097	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Bradley Philip Clark San Francisco, CA 94108-4105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Bridgete Haley Clark Aptos, CA 95003-3119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$38.16	\$145.01	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1344</u> of <u>1677</u>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Jefferson L Clark Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/21/2019	Dr. Ronald L Clark Red Bluff, CA 96080-3322	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Tom H Clark San Jose, CA 95123-2701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$32.22	\$109.01	
3/21/2019	Dr. Christopher Claus Fairfield, CA 94533-9804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Stephen A Coates Long Beach, CA 90803-5904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1345</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Natalie Corinne Cochran Loma Linda, CA 92354-3634	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Chris Randolph Cockrell Anaheim, CA 92808-2261	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Michael Lawrence Colleran San Luis Obispo, CA 93401-2878	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Philip P Corneliuson Fresno, CA 93710-8333	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Abraham B Corpuz Stockton, CA 95207-5726	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1346 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Lora H. Costa Sunnyvale, CA 94086-5326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. William B Couch Cameron Park, CA 95682-7636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Bill C Crafton Chula Vista, CA 91910-2821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Lee F Crane Carmichael, CA 95608-5238	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. William S Crawford Covina, CA 91724-3467	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Hrisula Cristea Cupertino, CA 95014-2184	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jeffrey F Culver Berkeley, CA 94705-2454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Renata C. Da Fonseca Marina Del Rey, CA 90292-5442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Anthony M Dailley Berkeley, CA 94705-2118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Caroline Coloma Daligues San Francisco, CA 94102-1301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Kim B Dang San Francisco, CA 94109-3021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Van Ngoc Dang Elk Grove, CA 95624-5067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Abrey Kala Lopez Daniel Los Angeles, CA 90010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jared Danielson El Dorado Hills, CA 95762-7569	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Stephen R Dankworth Carlsbad, CA 92009-8688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1349</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Brian M Davey San Diego, CA 92129-5181	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Pargev Davtian Harbor City, CA 90710-1156	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Rebecca Dayanim Santa Monica, CA 90403-4708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Helen De Francesco San Francisco, CA 94102-5920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/21/2019	Dr. Anna Lynn Tongson De Guzman Claremont, CA 91711-2305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1350 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Jacqueline Sanders Delaney Truckee, CA 96161-4109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/21/2019	Dr. Nikhil Jayant Jayant Desai Cerritos, CA 90703-5434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Satvir Dhaliwal Acampo, CA 95220-9435	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Russell D Di Bari Sunnyvale, CA 94085-5422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. David M Diaz Costa Mesa, CA 92627-2701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1351</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Kimberlee Kay Dickerson San Francisco, CA 94131-3201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Kathleen Jennie Diehl Lodi, CA 95240-3860	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jeff Ding El Cerrito, CA 94530-2961	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Michael Jared Dobson Corona, CA 92879-3119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Tsvetanka Aleksandrova Doncheva Placentia, CA 92870-2910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$48.31	\$145.01	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1352</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Ann Michelle Donnelly San Francisco, CA 94109-0451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Harry Louis Dougherty Jr. Sherman Oaks, CA 91403-1836	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jean Cecilia Drexler Huntington Beach, CA 92646-7121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Patricia Jeanne Drilling Tulare, CA 93274-2246	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Erin M Duarte Ventura, CA 93003-3220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Adrian Dumitrescu Rio Dell, CA 95562-1227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. J Patrick Dunbar Folsom, CA 95630-3885	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Robert E Dyer Los Gatos, CA 95032-4407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Eden Castillo Edora Vallejo, CA 94590-2967	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Thomas Walter Edwards Jr. Los Angeles, CA 90024-4003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1354</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Natalie Jane Eidelstein Mission Viejo, CA 92691-7867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Teje Elisabet Ellis Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Mervin L Ellstrom Moreno Valley, CA 92553-4135	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Telal A. Elmaki Woodland Hills, CA 91303-3060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Igal Elyassi Los Angeles, CA 90048-5817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1355</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Portia Maristela Escobar Vallejo, CA 94589-2202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Roberto V Espejo Jr. San Jose, CA 95132-3129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Mitra Eslamiyeh Evans Torrance, CA 90505-3756	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Clarice Law Eyre Los Angeles, CA 90095-3075	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Kevin Yen Fan Monterey Park, CA 91754-6839	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Christina Marie Fantino Los Gatos, CA 95032-4407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Bruce E Farrell Palo Cedro, CA 96073-9763	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. P Scott Favero Roseville, CA 95661-3028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Lawrence Edward Fealy Valencia, CA 91355-2376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ted F Feder Northridge, CA 91324-3523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$114.10	\$200.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Cheng-Po Feng Cupertino, CA 95014-2104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Cherie D. Fiscus Stockton, CA 95207-5294	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Mary L Fitzpatrick Modesto, CA 95350-4330	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. S. Lee Fleming San Diego, CA 92107-3122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Brian Richard Fong Hayward, CA 94541-2036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Karen T Fong Walnut Creek, CA 94596-5313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Smita Rupesh Gala Fremont, CA 94538-1702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Richard Gallagher Gilroy, CA 95020-4916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Michael Victor Gamboa San Francisco, CA 94108-4811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Rogelio M Garcia Los Angeles, CA 90025-6386	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1359 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Richard D Gentile Long Beach, CA 90804-1980	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ronald Morris Gerech Burbank, CA 91506-2960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Alisa Gevorkyan Bakersfield, CA 93301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/21/2019	Dr. Jamshid Ghafourpour Foster City, CA 94404-1293	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Eman Abdelmotti Ghoneim Carmichael, CA 95608-4111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1360</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Jaswinder Kaur Ghuman San Jose, CA 95119-1431	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. William Gianni Walnut Creek, CA 94596-8601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Timothy W Gifford San Jose, CA 95123-1220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Douglas A Gilio Visalia, CA 93291-7896	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Jason S. Gim Valencia, CA 91355-5093	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1361</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Jeong Chul Go Los Angeles, CA 90020-1441	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Victoria N Goh Sunnyvale, CA 94087-1942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Megan M Golinveaux Greenbrae, CA 94904-2014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Nicole Helena Gordon South Lake Tahoe, CA 96150-8935	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Edward T Graham Stockton, CA 95207-2639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1362</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Manreet Grewal Costa Mesa, CA 92626-4865	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Miguel A Grillo San Diego, CA 92130-3062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Gilbert J Grio Freedom, CA 95019-3125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Kevin C. Growney San Francisco, CA 94123-3107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Philip Dela Cruz Guevarra Chico, CA 95926-1308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1363</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Daniel P Guidera Vista, CA 92081-6644	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Arpana Gupta Fremont, CA 94538-2217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Randy Paul Gurrola San Rafael, CA 94901-3705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lauren Louise Gutenberg Redlands, CA 92373-6675	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ninette Hacopian Montrose, CA 91020-1979	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1364</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Randall W Halliday San Bernardino, CA 92404-5112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. La Vonne Hammelman South Lake Tahoe, CA 96150-8105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Torrey Robert Hammond Cameron Park, CA 95682-7636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. David Chang Han Valencia, CA 91355-5093	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lisa E Hansen Simi Valley, CA 93065-4655	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1365</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. James S Hartmann Anaheim, CA 92801-3620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Scott Masashi Hashimoto Fremont, CA 94536-3809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ayed J Hawatmeh Ontario, CA 91764-4996	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Edward Heath Tulare, CA 93274-3411	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/21/2019	Dr. Christopher Henninger Vista, CA 92081-6056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1366</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Chad E. Hicks-Beach Huntington Beach, CA 92649-3610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Alan Toshio Hirasuna Camarillo, CA 93010-1426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Kent Takeshi Hiura Sunnyvale, CA 94087-1059	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Annie C Hoang Oxnard, CA 93033-3608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Dao Bich Hoang Sunnyvale, CA 94087-2458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1367</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Nicole Diem Hoang Pleasant Hill, CA 94523-2813	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ted E Hochstein Berkeley, CA 94705-2053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Jack C. Hoey Napa, CA 94558-2905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Von J Holbrook Paso Robles, CA 93446-7238	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Trevor Keith Holloway Yucaipa, CA 92399-1689	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1368 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Dick M Hom Concord, CA 94519-2525	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Glenn J Hom San Diego, CA 92116-4231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Natalia Maria Homyak Marina Del Rey, CA 90292-6391	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Misook Hong Los Angeles, CA 90005-1349	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Rosalind Bolisay Hopkins San Jose, CA 95123-4421	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Michael C Horasanian Oakhurst, CA 93644-9321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ronald D Housepian Costa Mesa, CA 92627-7183	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Angela Hsiao Laguna Niguel, CA 92677-2049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Daniel C Hsu Garden Grove, CA 92841-4225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Christina Hu Roseville, CA 95747-4646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1370</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Barry Chien-Chun Huang Corona, CA 92879-3119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Steven Wen-Ku Huang San Gabriel, CA 91776-3115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Yulia V Hui San Jose, CA 95133-1938	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. William Yuen-Siang Hung Upland, CA 91786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Daniel John Iannotti Valencia, CA 91355-2381	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1371</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Houda Ido-Bachour Atwater, CA 95301-5173	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Marc S Imai San Pedro, CA 90731-3604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jeannie Irvine Sunnyvale, CA 94087-3065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Sambhav Nath Jain Fremont, CA 94538-2217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Paul D Jaruszewski Fountain Valley, CA 92708-6726	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1372</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Hamed H. Javadi San Rafael, CA 94901-3356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Peter Hoon Jeong Milpitas, CA 95035-7704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jason Lagelle Jeter Visalia, CA 93291-6164	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Maria Lourdes Ignacio Jeturian Corona, CA 92880-1506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Sooho Joe Redlands, CA 92373-7373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1373</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Michael D Joesting Stockton, CA 95207-8252	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Karin E Johnsen Highland, CA 92346-3328	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Mark Christian Johnsen Highland, CA 92346-3328	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Mary Ruth Johnson Danville, CA 94526-4006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Julius R Jones Los Angeles, CA 90019-3920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1374</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Arlo G Jorgensen Long Beach, CA 90815-1451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Rick Warren Jow San Jose, CA 95124-3039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Robert S. Julian Fresno, CA 93701-2124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
3/21/2019	Dr. Yan Kalika San Francisco, CA 94118-3326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Harsh Jayeshbhai Kalyani Riverside, CA 92504-5921	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1375</u> of <u>1677</u>
		I.D. Number 742855

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NAME OF FILER  
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3/21/2019	Dr. Heidi L Kamrath San Diego, CA 92128-2522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lorin Abrams Kaplan San Rafael, CA 94903-3429	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Alexander Alexander Kashef Corte Madera, CA 94925-1739	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Kevin Susumu Kashima Los Angeles, CA 90045-3906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Darcy Kasner Sacramento, CA 95818-1916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1376</u> of <u>1677</u>
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Anthony D Kavorinos Palm Desert, CA 92211-7051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Jason Ryan Keckley Coronado, CA 92118-2941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lisa B Kederian Los Angeles, CA 90064-2300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Shehzad A Khan Colton, CA 92324-6716	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Kshama Kheny Pleasanton, CA 94566-6127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1377</u> of <u>1677</u>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Naz Khodayari Beverly Hills, CA 90212-4807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ansony Jin Kim Walnut Creek, CA 94597-3087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/21/2019	Dr. Dohyun Kim Burlingame, CA 94010-5177	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Hyun Woo Kim Long Beach, CA 90815-4019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jesse G Kim Downey, CA 90242-3207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1378</u> of <u>1677</u>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Kihyo Kim Montclair, CA 91763-2200	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Lila Helen Kim Sacramento, CA 95834-3758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lucio Hyun-Chong Kim Glendale, CA 91207-1769	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Mark Kim Torrance, CA 90505-6581	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Michelle Kyongah Kim Pasadena, CA 91107-3651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1379</u> of <u>1677</u>
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3/21/2019	Dr. Scott Sangsoo Kim Santa Maria, CA 93455-1304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Steven T Kim Watsonville, CA 95076-4718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Sung Hyun Kim Los Angeles, CA 90006-2640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Craig Allen Kinzer Jackson, CA 95642-2557	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$150.00	\$200.00	
3/21/2019	Dr. Steven Kent Kirkpatrick Hamilton, MT 59840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1380 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. David Lee Kitchen La Jolla, CA 92037-1213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Michael Louis Kleinman Santa Monica, CA 90404-1811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Samuel H Ko Victorville, CA 92395-6017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Michael Timothy Koch Carmichael, CA 95608-3846	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Bob David Koenitzer Petaluma, CA 94954-8301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1381</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. George Walter Kohn San Francisco, CA 94102-1406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ravi Koka San Francisco, CA 94108-4000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Keith Taro Komatsu Redondo Beach, CA 90277-5516	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jan Masaye Komura Ojai, CA 93023-3186	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. L. Gerald Koven Palmdale, CA 93551-1440	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1382</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Jonathan Nicholas Kristianto Salinas, CA 93906-5101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Sarah Wright Krueckel San Luis Obispo, CA 93401-3303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Tracy Trey-Yuh Ku San Gabriel, CA 91776-3656	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jacklyn Renee Kurth Belmont, CA 94002-3465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Chang Hun Kwon Moreno Valley, CA 92551-1658	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1383 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Gilbert Y Kwong Los Angeles, CA 90048-5600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Peter La San Francisco, CA 94121-3416	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Andrew Anh Lac Dublin, CA 94568-2911	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Arlen D Lackey Pacific Grove, CA 93950-3373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Yu-Ching Lai Albany, CA 94706-2059	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1384</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Winnie Y Lam San Francisco, CA 94132-1647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Marina Lange Redondo Beach, CA 90277-5211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Maria Cristina C Lat Cerritos, CA 90703-8806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Huong Nguyen Le Oakland, CA 94607-4841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Khoa D Le Midway City, CA 92655-1223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1385</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Thuy Bich Le Brea, CA 92821-5755	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Albert Lee Rancho Cucamonga, CA 91730-6945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Albert Lee Gilroy, CA 95020-7802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Allen H Lee San Gabriel, CA 91776-3791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Calvin Y Lee Cupertino, CA 95014-3468	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1386</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Chien-Hung Jack Lee Fullerton, CA 92835-4124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Dora Lee Los Alamitos, CA 90720-2685	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Frances S Lee Saratoga, CA 95070-6602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. George Kwanghyun Lee Westlake Village, CA 91362-3675	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Han Wook Lee Los Angeles, CA 90015-3803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1387 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Hyun Chan Lee Torrance, CA 90505-2513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Joon Y Lee Diamond Bar, CA 91765-2203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Mason Y Lee San Rafael, CA 94903-3432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Melinda Jennifer Lee Newark, CA 94560-3798	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Richard Craig Lee San Francisco, CA 94102-1805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1388 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Roger Lee San Francisco, CA 94118-1715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Soo Nam Lee El Monte, CA 91732-2260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Sooji Hong Lee Lake Forest, CA 92630-7746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Victor Sze-Jiin Lee Burlingame, CA 94010-4096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Yun S. Lee Los Angeles, CA 90010-2439	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1389 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Juliet P. Lentejas Moreno Valley, CA 92553-9113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Randal John Leoni Vista, CA 92081-7360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. MaThieu LeQuang Temecula, CA 92591-4683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Cheri Lewis Beverly Hills, CA 90211-3106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Ivy Oi-Wan Li Los Angeles, CA 90012-2870	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Chun Yao Liao West Covina, CA 91792-1512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Christine Liaw Redwood City, CA 94061-3464	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Guy C Lichty II Chula Vista, CA 91911-6145	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Howard Hao Lien San Jose, CA 95122-1683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Christopher Michael Lim Chico, CA 95973-5883	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1391</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Eric A Lim Oakland, CA 94612-2822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Andrew Jerry Lin Irvine, CA 92604-2911	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Benjamin J. Lin Bakersfield, CA 93312-2529	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Eleanor Jennifer Lin Long Beach, CA 90806-1620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. John Leping Lin Ione, CA 95640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Juddy K Lin Pomona, CA 91766-6817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Karen W Lin Santa Barbara, CA 93111-2055	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lin Lin Fremont, CA 94539-7459	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Nina Diem Lin Los Angeles, CA 90064-2026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Pieter Jan Linssen El Dorado Hills, CA 95762-4563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1393 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Jason Paul Lipton San Mateo, CA 94401-2513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. George N Little Ross, CA 94957-9675	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Edward Shih Liu Buena Park, CA 90620-4135	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Chutarat Lo Arcadia, CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Carlos G. Longa San Francisco, CA 94131-3201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1394 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Mehrnegar Lotfi San Francisco, CA 94107-6440	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Craig A Loudenslager Turlock, CA 95380-4546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Elizabeth Joanne Low Cupertino, CA 95014-3015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lester H Low Stockton, CA 95219-2361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. James William Loye El Cajon, CA 92019-3202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1395 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Robert Lozano San Diego, CA 92128-2554	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Alan C Lu Mountain View, CA 94040-3248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Weiwei Lu San Diego, CA 92105-2202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Rita Lui Arcadia, CA 91006-3750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Melissa Torres Luis Redondo Beach, CA 90277-6160	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Van H Luu Dublin, CA 94568-7564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Giao N Ly Tustin, CA 92780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Hoang Le Ma Sunnyvale, CA 94085-4029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Michelle Joy Ma West Covina, CA 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Quan T Ma San Diego, CA 92121-2978	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1397</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Thomasina Ma San Francisco, CA 94122-4241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Frederic C Mandell Valley Village, CA 91607-3339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Thomas Joseph Marcel Livermore, CA 94550-4460	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lloyd H Marcum San Luis Obispo, CA 93401-3301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Monica Alexandra Marquez Rocklin, CA 95765-4295	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1398 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Douglas M Martin Stockton, CA 95210-3308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Romola Francesca Mascarenhas Montrose, CA 91020-1546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Charlyne Mason-Dozier Oakland, CA 94607-2608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Pedram Eli Mastour Culver City, CA 90230-5508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Charles A Mastrovich Escondido, CA 92025-3403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1399 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Richard R Matsueda Torrance, CA 90504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. R. Douglas Matsumoto Hanford, CA 93230-3820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Chris S Matsunaga Walnut Creek, CA 94596-5313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. James F Mattson Fort Bragg, CA 95437-4913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Michael Amable Maude El Cajon, CA 92020-2113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Spencer E. Mauseth San Diego, CA 92127-3457	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. M'Liss Maxham Fort Bragg, CA 95437-5540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Peter Mazzella Torrance, CA 90505-6831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Andrew L. McDonald Morgan Hill, CA 95037-4340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. James Albert McDowell San Rafael, CA 94901-2811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$142.03	\$145.00	

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1401 of 1677
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Ronald Leo McKay Glendale, CA 91202-2504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Heidi B Meinke Beverly Hills, CA 90211-3319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Evelina Mendicini Hawthorne, CA 90250-5807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Glenn Alan Middleton Sacramento, CA 95825-0657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. David Geoffrey Milder Del Mar, CA 92014-2934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	(\$130.00)	\$15.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Arthur Edward Miller III San Diego, CA 92108-1079	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Natalie Gail Miller Solana Beach, CA 92075-1346	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Elizabeth Miltner Grass Valley, CA 95945-8524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Phillip Seok Min Los Angeles, CA 90010-2763	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. James Fuad Misleh San Diego, CA 92117-5496	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1403 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Jiries P Mogannam Santa Rosa, CA 95405-4833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Robert James Mohn Riverside, CA 92506-2604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Saeid S Mohtashami Newport Beach, CA 92663-2723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Alireza Seyed Mola San Leandro, CA 94577-1661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Brigida M. Momand San Pedro, CA 90732-3803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Jon Mark Monette Palos Verdes Estates, CA 90274-2639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Alexis Moore Valencia, CA 91355-2381	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jennifer Lynn Moran Salinas, CA 93901-4222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Christina Marie Morley Huntington Beach, CA 92647-5568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jahanara Mortazavi Los Gatos, CA 95032-1420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1405 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Xusheng Mu San Diego, CA 92117-2006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. James R Musser Fair Oaks, CA 95628-7559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Hla Myaing Salinas, CA 93901-4222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Steven Andrew Myers Fullerton, CA 92832-1515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Chris Soochul Myung Downey, CA 90241-3604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Neusha Najafi Anaheim, CA 92807-3234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Karen Nakagawa Santa Monica, CA 90401-1423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Ted M Nakata Fresno, CA 93726-0517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Thomas Nakatsuchi Vista, CA 92084-5218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/21/2019	Dr. Anupama Nandeesh Turlock, CA 95380-6885	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Gurpreet Singh Narula San Jose, CA 95116-1908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. William Michael Nash Torrance, CA 90505-6660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Gustavo L Nevarez Visalia, CA 93291-8021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Justin Scott Newberry Napa, CA 94558-3403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Vivienne N Ngo Laguna Hills, CA 92653-4344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1408 of 1677
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Anh Loan Thi Nguyen Newport Beach, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Da-Huong T. Nguyen San Jose, CA 95112-2608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Dai Chinh Nguyen Elk Grove, CA 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Daniel Huy Nguyen Rosemead, CA 91770-5310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Don T Nguyen Laguna Hills, CA 92653-4344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Duc Huynh Nguyen San Diego, CA 92121-3753	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Gina Thu Thao Nguyen Corona, CA 92879-3119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Huy Q Nguyen Long Beach, CA 90806-3051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lan-Huong D Nguyen San Francisco, CA 94127-2221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lawrence Vu Nguyen Rocklin, CA 95765-5580	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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3/21/2019	Dr. Legiang T Nguyen Westminster, CA 92683-7572	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lisa Vo Nguyen Santa Ana, CA 92704-5123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ly Thuan Nguyen Milpitas, CA 95035-7019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Marie T Nguyen San Jose, CA 95125-5424	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Son V Nguyen Westminster, CA 92683-5593	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1411 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Thanh Quoc Nguyen Santa Ana, CA 92706-4108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Thu Dan Nguyen Sacramento, CA 95820-5302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. ThuyHuong Thi Nguyen San Jose, CA 95112-2608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Tuan Hung Nguyen Fresno, CA 93720-2409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Vinh T. Nguyen Sunnyvale, CA 94087-4300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Edward Lee Nichols Hemet, CA 92543-4371	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Helen Tran Ninh Fountain Valley, CA 92708-3848	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Khaterah Noordeh San Francisco, CA 94108-4203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Taraneh F Noorvash Los Angeles, CA 90025-6811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ross H Northrop Susanville, CA 96130-4533	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Cynthia Lynn Novak Valencia, CA 91355-5635	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Kathleen J Nuckles Los Angeles, CA 90024-4005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Vilard Odishoo San Jose, CA 95120-2905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ryan D O'Donnell Folsom, CA 95630-8754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Alina Oganyan Los Angeles, CA 90027-4343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Albert Eunsuk Oh San Bernardino, CA 92405-4742	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Daniel Y Oh La Habra, CA 90631-3661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jason Jaesong Oh Palmdale, CA 93550-4034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Joohee Oh North Highlands, CA 95660-5095	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jooyoung Oh Sacramento, CA 95822-4524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Ronald J Oleson Saratoga, CA 95070-4183	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Chad D. Oliveira Hanford, CA 93230-2929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Richard B Oliver La Palma, CA 90623-1705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Luke Andrew Omey Eureka, CA 95501-4738	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Linda C Onyeador Compton, CA 90220-3097	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Cecilia B. Ordonez Santa Barbara, CA 93101-4219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Manlio F Orozco San Bernardino, CA 92410-2700	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Pamela J Ota La Habra, CA 90631-7569	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Andrew Owyong Sacramento, CA 95831-6119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. George R Pacal Burbank, CA 91506-1772	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Delaram Pakzamir Torrance, CA 90501-5168	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Shane Ray Panter Roseville, CA 95661-3081	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Bojun Park Santa Ana, CA 92704-3420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Julia Jungin Park San Bernardino, CA 92410-3217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Sil Park Los Angeles, CA 90025-5649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Alex A Parsi Los Angeles, CA 90017-4002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Chirag Patel Cupertino, CA 95014-0600	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/21/2019	Dr. Kunjal R Patel Seaside, CA 93955-5756	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Makbulahmed I. Patel Riverside, CA 92503-3642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Paritosh Patel Pismo Beach, CA 93449-3409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Mary Ha Patuwo La Mirada, CA 90638-4217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Aaron Babak Paz Whittier, CA 90601-4109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Shakalpi R Pendurkar San Jose, CA 95112-4007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Valeria Regina Pereira Tustin, CA 92782-1377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. David L Perley Long Beach, CA 90815-3322	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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3/21/2019	Dr. Kasey S. Perry Merced, CA 95341-6805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Amy Ha Pham Oroville, CA 95966-6138	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Anh Tu Pham Rosemead, CA 91770-2566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Thuy N Pham Pleasant Hill, CA 94523-1550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Trinh Pham Newport Beach, CA 92663-3307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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3/21/2019	Dr. Nancy D Phan San Jose, CA 95111-1923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Sonny Myint Phang South San Francisco, CA 94080-3532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
3/21/2019	Dr. Daniel T Pinar West Hollywood, CA 90048-1844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Victoria C Pocasangre Oliva Clovis, CA 93611-4066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Katrina Michelle Polonsky Foster City, CA 94404-1695	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Rodica T Popovici El Sobrante, CA 94803-3053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lawrence E Porteous Rodeo, CA 94572-1434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Robert W Postle Aptos, CA 95003-9524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Michael L Potts Camarillo, CA 93010-5931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Meena Praveen Clayton, CA 94517-1801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Carl Victor Primavera Santa Cruz, CA 95065-1714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Bingsheng Qiao Santa Maria, CA 93454-6962	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Victor Joaquin Quant San Francisco, CA 94110-3103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Stacey L Queen Whittier, CA 90603-2909	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Dannielle L Quinn Upland, CA 91784-2401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1424 of 1677
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Armando H Quintana Jr. Victorville, CA 92392-8699	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Yvan Carlos Quintana Castrillon Williams, CA 95987-5813	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Michael Rabinovici Northridge, CA 91325-3860	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Krystle P. Rapisura Pomona, CA 91766-1854	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/21/2019	Dr. Sorina Andra Ratchford Morro Bay, CA 93442-2339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1425</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Rohini Taneja Rattu Folsom, CA 95630-3538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Rosalinda L Raya Clovis, CA 93612-1159	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Francisco J Rayas Jr. Oxnard, CA 93030-3827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ahsan Syed Raza Thousand Oaks, CA 91360-6083	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Marysol B Realon Lathrop, CA 95330-8631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1426 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Aaron Paul Reeves Elk Grove, CA 95758-7839	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. David Lee Rens San Diego, CA 92103-1408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lisa Renee Rentschler Corona, CA 92879-3507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. William M Reuss III Anderson, CA 96007-4337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Michael L Reynolds La Jolla, CA 92037-4444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1427</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Jeffrey Jinwoo Rho Sacramento, CA 95816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Paul L Richardson Beaumont, CA 92223-7464	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Lilia H Rivas South Gate, CA 90280-4144	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$72.50	\$145.00	
3/21/2019	Dr. Mina E. Rizi Hesperia, CA 92345-2181	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jason M Roach Galt, CA 95632-8612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Philip C Roberts Fallbrook, CA 92028-4155	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Gregory E Robins West Covina, CA 91790-4955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. David Eugene Rogers Redlands, CA 92375	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Grace Roh Riverside, CA 92508-9159	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Guillermo A Roman Encino, CA 91436-4350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1429</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Walter Rong Covina, CA 91723-1906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Thomas P. Rose Fountain Valley, CA 92708-5141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Shahan Rostamian Woodland Hills, CA 91364-1434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jeffrey D Roy Modesto, CA 95355-1100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. John Joseph Russo San Bruno, CA 94066-2405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Nahid Saba Daly City, CA 94014-2577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Gerard Sabate Redlands, CA 92373-5239	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ribha Saggur Hermosa Beach, CA 90254-3260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Diego C Sahagun San Jose, CA 95116-1615	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ronald R Sahara Montebello, CA 90640-4309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1431</u> of <u>1677</u>
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NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Navneet Sahota Folsom, CA 95630-6438	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Abraham Sahyan Brea, CA 92821-4504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Derrick Sakata Menlo Park, CA 94025-4743	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ronaldo Roque Saldana Chula Vista, CA 91910-4211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jerry Anthony Sanchez Pleasanton, CA 94566-6130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER		I.D. Number
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3/21/2019	Dr. Kamilah Ashonti Sanford Pinole, CA 94564-1453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ruben Reyes Santana West Covina, CA 91792-3197	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Robin Gay Saunders Chico, CA 95973-5883	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Phyllis Marie Schaub Mission Viejo, CA 92691-6440	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Darin James Schettler Santa Rosa, CA 95403-4175	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Dean Schweitzer Valencia, CA 91355-5334	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Michael B Scrydloff San Diego, CA 92129-5033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. John Henry Seibert Laguna Hills, CA 92653-4343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Paul Selman Anaheim, CA 92801-2440	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Shamir Sevilla-Perez Willits, CA 95490-4222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1434 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Marjan Shaghasi Jr. Dublin, CA 94568-7564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ashini M Shah Riverside, CA 92504-5921	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Bhavi Kaushal Shah Norwalk, CA 90650-2969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Shishir Navinchandra Shah San Marcos, CA 92078-4081	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Shital Prashant Shah Union City, CA 94587-4598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Peter K Shek Anaheim, CA 92805-6246	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Howard Treman Shempp Davis, CA 95616-1073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
3/21/2019	Dr. Alice R Shen Arcadia, CA 91007-6380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Cindy Yu-min Shen Sacramento, CA 95825-6316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lance A Sherman Los Angeles, CA 90045-3501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1436 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Samuel Cheng Sheu Merced, CA 95348-3421	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Eugh Shibasaki Jr. Arcadia, CA 91007-1510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Richard J. Shih Chino, CA 91710-5133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Mark C Shimizu San Fernando, CA 91340-2417	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Hyun Joon Shin Victorville, CA 92395-5853	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Fariha Shivji Pasadena, CA 91106-1955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jeffrey R Sholer San Jose, CA 95123-1220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Gregory Igor Shvartsman Redondo Beach, CA 90277-5728	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Paul C Simeteys Pomona, CA 91766-2007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Ronald Roy Simus San Bernardino, CA 92408-3593	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1438 of 1677
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Ravee Neelesh Singh Fremont, CA 94536-3712	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ricky Singh Berkeley, CA 94707-2308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Steven R Singh Long Beach, CA 90802-2436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jane Elizabeth Skuben Fullerton, CA 92831-5527	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Daniel Lee Smith Temecula, CA 92592-4850	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1439 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Sanah A Sohrab Burbank, CA 91506-2150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Tim L Somerville Westlake Village, CA 91361-1989	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Anubama Sri Roseville, CA 95661-4504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Dale E. Stanec Jr Cameron Park, CA 95682-8203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Brian Cameron Steele Rocklin, CA 95677-2675	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$10.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1440 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. W Frederick Stephens Pasadena, CA 91105-2536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Nicholas V Stubbs Sacramento, CA 95819-2442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Gurminderajit Singh Sufi Colusa, CA 95932-4026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. John Joseph Sullivan Encino, CA 91316-2823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Balin Sung Los Angeles, CA 90036-3628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1441 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Jay Joon Sung Covina, CA 91723-2007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Calvin Sung Los Angeles, CA 90036-3628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Stanley R Surabian Fresno, CA 93701-2124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Pamela Arathi Susai Santa Maria, CA 93454-5329	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lloyd S Suzuki Santa Barbara, CA 93111-2055	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1442 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. James Andrew Sweeney Hesperia, CA 92345-3623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Midori B Tachibana San Ramon, CA 94582	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Noemi Garcia Taguinod Norwalk, CA 90650-5471	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Robert Y Takano San Diego, CA 92122-1048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$36.25	\$108.75	
3/21/2019	Dr. Glenn A Takenaga Monterey, CA 93940-4606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Keith H Tam Santa Maria, CA 93454-8805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Alfred Ben Tamir Whittier, CA 90601-4109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Renu Tan Monterey Park, CA 91754-4787	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Mary Colleen Tandon Barstow, CA 92311-5936	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Andy Z Tang Long Beach, CA 90815-4200	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Ying Tao Fremont, CA 94538-2926	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Aimee B Taraporewalla Glendora, CA 91741-3419	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Franco Alexander Tarm Pleasanton, CA 94588-2830	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Hamlet Taroian Van Nuys, CA 91402-6069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. James R Tate Los Angeles, CA 90045-3808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Charles Vincent Tatosian Mission Viejo, CA 92691-5328	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Monica Tavallaei Folsom, CA 95630-3463	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Scott D Taylor Morro Bay, CA 93442-2272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jeffrey B Thomas Pomona, CA 91767-2920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Gregory P Thurston San Luis Obispo, CA 93401-2561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Muihong Thy Pinole, CA 94564-2520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Sambath Sem Tiep Poway, CA 92064-2059	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ryan Michael Tigrett Napa, CA 94558-6471	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Chitra Tiruveedula Aliso Viejo, CA 92656-5341	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Glen A Tistaert Santa Monica, CA 90401-1607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1447 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Cynthia Kong Titius Fresno, CA 93720-3362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jeannette Y Tokuyama Simi Valley, CA 93065-4655	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Alex W Tom Los Gatos, CA 95032-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Stephen E Tom Clovis, CA 93611-4097	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
3/21/2019	Dr. Thompson Young Tom Pleasanton, CA 94588-3234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1448 of 1677
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Chad Tomazin Riverside, CA 92504-3804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. John M Tomich San Pedro, CA 90731-3601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Cynthia Tong San Mateo, CA 94403-2259	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Dewey Tong San Leandro, CA 94577-5103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Michael D Tong Northridge, CA 91324-1208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1449 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Gina Torgersen Camarillo, CA 93010-6363	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. R Trent Torgersen Simi Valley, CA 93065-4670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Eric S Torigoe San Ramon, CA 94583-3960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Donald P Tormey Fullerton, CA 92835-2523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Aura Marcela Torres Santa Cruz, CA 95062-2205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1450 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Karla L Torres Montebello, CA 90640-2309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Charlene Ngoc Tran Antioch, CA 94509-5556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lisa Thi Tran Anaheim, CA 92801-6503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Pauline Phuong Tran San Diego, CA 92116-4816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Peter Quang Tran Whittier, CA 90606-3121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1451 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Tam Thanh Tran Canoga Park, CA 91303-1137	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Larry Dale Trapp Loma Linda, CA 92350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$54.50	\$109.00	
3/21/2019	Dr. Linh Trinh Huntington Beach, CA 92646-2842	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. John Howard Trotter Redondo Beach, CA 90277-5715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lien T Truong Redlands, CA 92373-5283	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Rick Truong Salinas, CA 93901-2435	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Maurice Armstrong Trusas Redding, CA 96001-0230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Allen Tsai Bakersfield, CA 93312-2842	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jerome Joel Tsang Irvine, CA 92618-3177	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Katarina Tu Sunnyvale, CA 94086-5320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Thomas-An Dang Tu Garden Grove, CA 92841-2718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Kimberly Ann Turchi Torrance, CA 90505-4756	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jerry Tzou Monterey Park, CA 91754-4758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. James Raymond Urick San Francisco, CA 94111-4334	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Gary J Uyeda Gardena, CA 90247-3731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1454 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. William A Vainer Jr. Campbell, CA 95008-3212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/21/2019	Dr. James Ward Van Volkinburg Fresno, CA 93710-8328	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Maria Dulce Manly Vargas-Loo San Diego, CA 92111-1621	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Isabelita V Vasquez Los Angeles, CA 90042-4102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Michael T Vehawn San Jose, CA 95118-1567	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1455 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Mary-Jo A Velloze Temple City, CA 91780-1804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Delfin Dale Villasenor Walnut Creek, CA 94598-5901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Robert J Virata Los Alamitos, CA 90720-2837	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Val Cristobal Viray Jr. Salinas, CA 93906-3124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Hang Pham Vo Costa Mesa, CA 92627-2701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1456 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Chau Hue Vu Anaheim, CA 92802-1251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Kevin Vu San Jose, CA 95132-1017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Kim-Anh Thi Vu Garden Grove, CA 92841-4200	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. John Brian Wallace Los Alamitos, CA 90720-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Sharon Wan-Yin Wang Fremont, CA 94539-7467	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1457</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Sonia Remolina Warren Lomita, CA 90717-2121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Amy H West San Gabriel, CA 91776-1101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
3/21/2019	Dr. Jerad Lynn West Truckee, CA 96161-2205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Robert J Whiting Apple Valley, CA 92307-2204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. David Alan Willes Encinitas, CA 92024-4408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1458 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Douglas Paul Williams Thousand Oaks, CA 91360-3168	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Kelly Jay Wilson Rocklin, CA 95765-4387	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Daniel S Witcher Solana Beach, CA 92075-2069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Robert Owen Wolf Coto De Caza, CA 92679-4955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Ching Hsin Wong Milpitas, CA 95035-6942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Dennis Wai Wong San Francisco, CA 94132-1630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. George F Wong San Ramon, CA 94583-2000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jeffrey Wong Rancho Santa Margarita, CA 92688-3950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Kenneth L Wong San Francisco, CA 94109-2549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Stephen Chung Foo Wong Alhambra, CA 91801-4713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1460 of 1677
I.D. Number		742855

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Craighton Brian Woo Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Dorothy Woo Fullerton, CA 92835-2515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Craig D. Woods Los Angeles, CA 90064-5524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. William John Worden Long Beach, CA 90804-3315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Grace Xue Cen Wu San Ramon, CA 94583-2000	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1461 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Hui Jue Wu San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Sussi Yamaguchi San Diego, CA 92117-6634	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Hang Yan San Francisco, CA 94102-1307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Duke T. Yang San Francisco, CA 94132-1647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Linda Yang Sunnyvale, CA 94087-2594	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1462 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Tiffany H. Yau Saratoga, CA 95070-4825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Leland Li-Chi Yee Antioch, CA 94509-4925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Sandra M Yee Los Alamitos, CA 90720-3102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Winston Fong Yee San Lorenzo, CA 94580-3037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Shaul Yehezkel Irvine, CA 92604-3334	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
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3/21/2019	Dr. Araxie Yetenekian-Gettas Glendale, CA 91205-4088	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Michael Hiroshi Yokoyama Encinitas, CA 92024-1354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Miyoung Yoon La Crescenta, CA 91214-3511	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Shannon S. Yoon Lomita, CA 90717-2141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Samuel Young Vista, CA 92081-6626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Mojgan G. Yousefzadeh Napa, CA 94559-2425	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Lawrence H Zabner Toluca Lake, CA 91602-2159	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/21/2019	Dr. Paige E Zellerbach Riverside, CA 92506-4218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/21/2019	Dr. Jessica J Zhu San Francisco, CA 94122-1908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/21/2019	Dr. Sherman Zieve Los Angeles, CA 90048-5913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1465 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2019	Dr. Ann Marie Zimmerman San Diego, CA 92103-1408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Siamak Abai Irvine, CA 92612-2234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Mark E Abel Auburn, CA 95603-3262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Thomas Guy Acierno San Diego, CA 92117-6634	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jose Antonio Acosta-Cuevas Elk Grove, CA 95758-8014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1466 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Kevin Adair Fairfield, CA 94534-1787	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Noushin Adhami Montebello, CA 90640-4639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. John Garabed Adomian Santa Monica, CA 90403-1504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Edward Araz Adourian Carlsbad, CA 92009-6501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Maria Elena Palarca Afan Escondido, CA 92025-4615	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1467</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Tareq Afifi Chino, CA 91710-4297	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Rowshan Ahani Daly City, CA 94015-2660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ahmadreza Ahmadi Elk Grove, CA 95758-5949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Junil Ahn Mission Viejo, CA 92691-6408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Katherine S Ahn-Wallace Huntington Beach, CA 92647-9112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Angham Jasim Al-Abdulla Laguna Hills, CA 92653-4341	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Samer Said Alassaad Davis, CA 95616-3505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Lidia Z Albert Concord, CA 94519-2553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Elhameh Allamehzadeh San Diego, CA 92108-1542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Frank Alberto Alvarado Redondo Beach, CA 90278-3413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1469 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Ali Alviri Inglewood, CA 90301-1066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Young Jun An Sherman Oaks, CA 91411-2927	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Alexander V Antipov Roseville, CA 95678-1343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Rita Antolin Canoga Park, CA 91304-5639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Hobie H. Arasteh Santa Maria, CA 93458-6522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1470 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Betty Victoria Archila Visalia, CA 93291-5032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ingrid Arden San Francisco, CA 94127-1306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Michael Anthony Arellano San Francisco, CA 94118-1131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Mojgan Arjmandi Vista, CA 92083-7701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Madhavi Arumilli Sunnyvale, CA 94087-3754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Mike G Asatryan Los Angeles, CA 90027-5715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. M. Yasser Ascha San Dimas, CA 91773-3205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ron M Ask Jackson, CA 95642-2557	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Vernon T Au La Mesa, CA 91942-3040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Melissa Au Lim Newark, CA 94560-3798	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1472 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Todd Auerbach Yorba Linda, CA 92886-4158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Alison Christene Austin Laguna Hills, CA 92653-1219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Pedro A Avendano San Bruno, CA 94066-4231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Varouj T Azizian Glendale, CA 91205-3261	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$64.43	\$145.01	
3/28/2019	Dr. Jay M Azling Cerritos, CA 90703-7232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1473 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Vahid Babaeian Downey, CA 90242-2310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Norma A Baca Los Angeles, CA 90057-2401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Kiavash Kevin Badii Fullerton, CA 92835-3639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jasvinder S Badwalz Merced, CA 95348-3155	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Erin Colleen Baer Walnut Creek, CA 94596-4913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Lori A Bagai Orange, CA 92866-2139	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Teodik Baghdasarian Pasadena, CA 91101-2985	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kevin George Bakar Yorba Linda, CA 92886	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ramon Balane Monrovia, CA 91016-4033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Linda Bang Bakersfield, CA 93309-2673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Sharyar E Baradaran Beverly Hills, CA 90210-4512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Roy Beam Riverside, CA 92506-4152	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jill Renee Beams Rancho Cordova, CA 95670-5659	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Amandeep Behniwal Roseville, CA 95661-2832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jeremiah Beisel Encino, CA 91436-2983	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1476</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. James D Beller Woodland Hills, CA 91367-2024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Michael P Belluscio Fortuna, CA 95540-2347	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$50.75	\$152.25	
3/28/2019	Dr. Richard M Berger Berkeley, CA 94704-2803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Jale Berhanu Banning, CA 92220-5523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. David S Berrios Pasadena, CA 91104-4507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1477</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Rajiv Bhagat Ontario, CA 91764-4875	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Shailesh M Bhatt West Covina, CA 91790-3068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Rashmi Bisht Newark, CA 94560-1216	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. John T Blount Sebastopol, CA 95472-4233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Daniel John Boehne Dana Point, CA 92629-2931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1478 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Jillian Celeste Boettcher Beverly Hills, CA 90212-2904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Negar Bolorchi Oakland, CA 94618-2311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Monica Boniadi Laguna Hills, CA 92656-3625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Scott C Bonin Santa Rosa, CA 95403-4175	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Krisena Fell Borenstein Culver City, CA 90232-3624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1479</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Gerald George Bottomley Rolling Hills Estates, CA 90274-3803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Jessica Boudaie North Hollywood, CA 91606-3717	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Suzanne L Boynton Sonora, CA 95370-5969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Veronica Brassea Santa Maria, CA 93455-6418	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. J. Rey Bronzini Millbrae, CA 94030-1915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Robert J Brosi Oakhurst, CA 93644-9701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Damaris E. Browning Cupertino, CA 95014-3200	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Michael Richard Bryant Beaumont, CA 92223-1833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Dean Bu Temple City, CA 91780-1855	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Newton N Bui Garden Grove, CA 92843-6509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1481 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Firas Bukai Irvine, CA 92620-2607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Steven J Byers San Diego, CA 92116-4727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Kevin W Calvert San Jose, CA 95126-3418	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. David Stuart Campbell Altadena, CA 91001-3037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ling Cao Fremont, CA 94538-5125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1482 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Gary D Carlsen Huntington Beach, CA 92647-7518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Stephen M Casagrande Sacramento, CA 95816-5019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Derrick Bryan Castro Chico, CA 95973-4911	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Daryl Frederick Catherwood Coronado, CA 92118-3423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Andrea Raquel Cervantes Elk Grove, CA 95624-5046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1483 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Gabriela Cervantes Long Beach, CA 90808-3938	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. George Chakmakjian Whittier, CA 90605-1820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Cathy Lam Chan Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. John T Chan Torrance, CA 90505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sapna Chandra Fairfax, CA 94930-1653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1484 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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3/28/2019	Dr. Calvin Chang Walnut, CA 91789-4434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Caroline A. Chang Nipomo, CA 93444-9123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Chris H Chang Eastvale, CA 91752-1042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Frank T Chang Irvine, CA 92604-7710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Timothy Chao Irvine, CA 92618-3173	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Chin San Chen Rocklin, CA 95677-2332	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. D. Craig Chen Tustin, CA 92780-2785	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jennifer N Chen South Pasadena, CA 91030-4874	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. John S Chen San Gabriel, CA 91775-2204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Joyce Yunling Chen Oakland, CA 94607-6523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Katrina Chen Walnut, CA 91789-2201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Philip Y Chen Modesto, CA 95351-4920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Steve Yong-Fen Chen Santa Clara, CA 95050-5402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Xiaoyan Chen Albany, CA 94706-2054	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Janice T Cheng Long Beach, CA 90807-1513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Phuong Hue Cheng Daly City, CA 94015-1445	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Laura K Chew Pasadena, CA 91105-2263	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Daljit Kaur Chhabra San Jose, CA 95120-2907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Stanley P Chin Pleasanton, CA 94588-4142	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Wendy T Chin Fullerton, CA 92831-4103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Claire C. Cho Aliso Viejo, CA 92656-3035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ellen Cho Fresno, CA 93720-2412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Pyung H Cho Citrus Heights, CA 95610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Steeve C Choe Redding, CA 96002-0240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kevin Choi Fullerton, CA 92833-2923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Alan M. Chong San Francisco, CA 94117-3608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Amy Joohui Chong San Bernardino, CA 92408-3329	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Robert A Chong San Francisco, CA 94117-3608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Simon Chow Camarillo, CA 93010-7936	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Chloe Nga Chu San Jose, CA 95134-1988	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Derek C. Chu Redlands, CA 92373-4491	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Steve Chu Upland, CA 91786-4779	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Josefina Uy Chua Fresno, CA 93726-4041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Melissa S Chun Redlands, CA 92373-8088	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Loren Kent Churchman Carpinteria, CA 93013-2011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Bridgete Haley Clark Aptos, CA 95003-3119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$68.69	\$145.01	
3/28/2019	Dr. Lewis Clayman Pinole, CA 94564-2520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. William Chris Cliff Castro Valley, CA 94546-5402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Suzanne Rochelle Clift Vallejo, CA 94591-8475	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Steven L. Cohen San Jose, CA 95120-2907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1492 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Garth William Collins Folsom, CA 95630-3009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Maurice Clark Corbett La Mirada, CA 90638-3558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Tim A Corcoran San Jose, CA 95123-2701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Camille Sanares Corvera-Galang Daly City, CA 94015-4930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ben Counihan Yuba City, CA 95991-4113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Keith W Cowhey Seal Beach, CA 90740-5967	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. John B. Crawford Vacaville, CA 95687-6697	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Garrett R Criswell Monterey, CA 93940-6113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. James F Crummett Redding, CA 96001-0415	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Robert M Daddio Palm Desert, CA 92260-4144	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Kent S Daft Fair Oaks, CA 95628-7559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Monika Dahiya San Ramon, CA 94582-4689	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Mark Dal Porto Sunnyvale, CA 94087-2458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Caroline Truong Dang Yorba Linda, CA 92886-4136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Hieu Ngoc Dang San Jose, CA 95119-1343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Dental Association Political Action Committee (CDA PAC)	I.D. Number 742855
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Lien Thixuan Dang-Peterson San Jose, CA 95111-1917	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sorabh Das Fairfield, CA 94534-6896	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/28/2019	Dr. Elena Davidson San Leandro, CA 94577-4902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Craig H. Davis Rohnert Park, CA 94928-2931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Lowell B Davis Oakland, CA 94609-3642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Ramsin Kosi Davoud Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Paul Andrew Day Rancho Santa Margarita, CA 92688-2173	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Dennis C De Mesa Pasadena, CA 91106-5362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Trisha Deb Morgan Hill, CA 95037-2822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Boyd P. Dennington Yountville, CA 94599-1300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Dikran Deragopian Brentwood, CA 94513-1526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Negar Derakhshani Huntington Beach, CA 92647-3264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Alessandra G Desabelle Fresno, CA 93703-3708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kruti Desai Union City, CA 94587-3109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Rosario Joseph Desimone Fallbrook, CA 92028-3079	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1498 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Jacob L DeVinney Pleasanton, CA 94566-7052	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Pabina Dhawan Sacramento, CA 95825-2166	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Cecilia B Dias Rancho Palos Verdes, CA 90275-5822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Arceli P Diaz Long Beach, CA 90813-4225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ritesh Diwan San Jose, CA 95148	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Dental Association Political Action Committee (CDA PAC)

I.D. Number

742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Christina Thanh Do Costa Mesa, CA 92626-3752	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Huy Huu Do Westminster, CA 92683-4577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Teresa Thanh Do Long Beach, CA 90807-4569	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Chul Dokko Concord, CA 94520-2618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Brandon Michael Dole Sacramento, CA 95834	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1500 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Tsvetanka Aleksandrova Doncheva Placentia, CA 92870-2910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$48.39	\$145.01	
3/28/2019	Dr. Steven Victor Donia Encino, CA 91436-2423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Thea S Dosanjh Pinole, CA 94564-2525	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Bella A Doshi Santa Monica, CA 90404-2157	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Megan Arman Doudian Northridge, CA 91325-1903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1501 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Mark Stephen Douglas Rocklin, CA 95765-3717	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Richard H Doyle Jr. San Anselmo, CA 94960-1946	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Evelina Ivanova Dragneva Lafayette, CA 94549-2928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Elizabeth M Duell Morgan Hill, CA 95037-2822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Barry D Dugger Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1502</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Thang Vi Duong Monterey Park, CA 91754-1074	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Nadereh H Ebrahimi Fresno, CA 93706-3641	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Michael F. Edziak Vallejo, CA 94589-2500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Tamie Ego Fresno, CA 93710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Moshe Eizdi Beverly Hills, CA 90212-3506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1503 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Ayman Kamal El Raheb Cathedral City, CA 92234-3385	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Daniel Elbert Thousand Oaks, CA 91360-3017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jennifer Blake Eli Lake Forest, CA 92630-4825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Michelle C Elihu Beverly Hills, CA 90211-2004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jeffrey C Elliott Santa Rosa, CA 95401-5117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1504 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Elaine Grace Gacusan Ellorin Sunnyvale, CA 94085-3438	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Roushanak Emam Palo Alto, CA 94301-2918	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Tim Diato Encarnacion El Cajon, CA 92021-5218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Karl E Engdahl Walnut Creek, CA 94595-2501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Ryan Daniel Escudero Tustin, CA 92780-3418	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

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742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Siamak Eshaghian Los Angeles, CA 90010-1150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Teodoro E Eusebio Alameda, CA 94501-5500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Brandi Lynn Faia Monterey, CA 93940-4606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Bingzhong Fang Arcadia, CA 91006-3256	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Charles Kevin Farr Atascadero, CA 93422-3355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Tania Farshi Los Angeles, CA 90014-3931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sarah F Farzan Los Angeles, CA 90024-3309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Antone L Fernandes Los Angeles, CA 90045-3819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Robert M Fernandez San Mateo, CA 94401-2670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$159.00	\$159.00	
3/28/2019	Dr. Robert William Findlay San Francisco, CA 94105-1504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1507</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Gary S Finer Glendale, CA 91203-3344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sonja F Finnie Norco, CA 92860-2975	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Caterina Lucia Fiorentino Petaluma, CA 94954-4538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Terry G Fiori Menlo Park, CA 94025-4743	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Scott A Fishman Downey, CA 90240-3865	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1508 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Duane Fong Saratoga, CA 95070-3065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kimberly Jeu Foon Pasadena, CA 91101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Fariba Forouzan San Francisco, CA 94110-2415	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Charles L Foster Jr. Cudahy, CA 90201-5073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jason Scott Francis Rancho Cordova, CA 95670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1509</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Adel M Fransis Huntington Park, CA 90255-2931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Eugenia A Friedland Santa Clara, CA 95050-4547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Clayton S. Fuller Chula Vista, CA 91910-5605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Brent Fung Pomona, CA 91766-1854	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Raemund Pinero Galang Daly City, CA 94015-4930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1510</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Mark Galli Encinitas, CA 92024-1353	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Raul Andres Garcia San Diego, CA 92130-2172	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. William L Gardner Alameda, CA 94501-4430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Eva Gasior Brentwood, CA 94513-2715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jeffrey Scott Gawley Auburn, CA 95602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Calvin Y Gee San Francisco, CA 94117-3317	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Bobby Ghandehari Laguna Hills, CA 92653-3648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Samuel E. Gittings Napa, CA 94558-2408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Mark Goodfellow Santa Ana, CA 92705-1655	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Mahnaz Gorgani Cupertino, CA 95014-3235	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1512 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. George Albert Gould Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Vinita Goyal San Jose, CA 95123-1220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Bailey Graham Dillon Beach, CA 94929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Bao-Thy N Grant Orange, CA 92866-2148	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. John Jeffrey Green Yuba City, CA 95991-4012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1513</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. James Gilbert Gregory San Francisco, CA 94102-1404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Joseph H Greiner Anaheim, CA 92801-1826	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. E. Bernard Gross Santa Monica, CA 90404-1811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Philip B Gruell Alameda, CA 94501-2593	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Garrett M Guess San Diego, CA 92122-1054	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1514 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Lisa Ho Guinan Marina Del Rey, CA 90292-6917	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ara A Gulesserian Burbank, CA 91502-3202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Shilpa Gupta Concord, CA 94520-2348	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Erick E. Gutierrez Manhattan Beach, CA 90266-5121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jose L Guzman Chula Vista, CA 91911-4623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1515 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Charles F Habekost Sonora, CA 95370-5969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Denise A. Habjan Santa Ana, CA 92705-6506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Zahra Hakim-Faal Palo Alto, CA 94301-1347	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Eveline Hamdani Long Beach, CA 90815-4019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Johnny Steve Han Brea, CA 92821-6127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1516 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. MI Young Han South Gate, CA 90280-7518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Richard Roger Han Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Terry Goryu Han Concord, CA 94519-2580	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Juliet Haghighat Hananian Murrieta, CA 92563-3511	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Coralinda M Handog San Leandro, CA 94577-4727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1517</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Mehdi Hashemi San Jose, CA 95124-3039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Terry F Haskin Freedom, CA 95019-3139	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Adam Sanford Haws Buellton, CA 93427-9760	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Eugene Y Hayashibara Los Angeles, CA 90066-3451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Fayezeah Hazrati Tustin, CA 92780-3426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1518</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Douglas Robert Heath Lompoc, CA 93436-1401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. William H Heath Lompoc, CA 93436-1401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Carl David Hempt Redding, CA 96002-0119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Orly Hendizadeh Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Bertram Henick Calabasas, CA 91302-1949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1519</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Henry Habib Hermes El Cajon, CA 92019-3757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kevin David Herring Salinas, CA 93907-8969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Robert L Hill Merced, CA 95348-3391	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Thomas R Hirsch Malibu, CA 90265-5907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Karen H. Ho Alhambra, CA 91801-4110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1520 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Andy T Hoang Escondido, CA 92025-6517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Anthony Hoang Lakewood, CA 90712-1031	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/28/2019	Dr. John G Hockin II Upland, CA 91786-4779	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Robert William Hoffman San Rafael, CA 94903-1456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Stuart Jeffrey Hoffman Calabasas, CA 91302-3324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$42.95	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1521</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Dennis L Holmes Redding, CA 96001-2840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Howard H Hoppe Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Lydia Hou Cupertino, CA 95014-4642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Karilyn House Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Chesley R. Houske Jr. Torrance, CA 90501-3203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1522</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Curtis Lee Howard Spring Valley, CA 91977-1629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Warren Muh-Chin Hsiau Pasadena, CA 91105-2663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Shelton J Hsu Sunnyvale, CA 94087-4869	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. William Hsu San Jose, CA 95123-5403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Juan Carlos Huaman Madera, CA 93637-4523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1523 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Betty Y. Huang Cupertino, CA 95014-3017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Janice J Huang Los Angeles, CA 90066-1908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. David Arnold Hudson Chula Vista, CA 91910-2728	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. William R Hummer Jr. San Leandro, CA 94577-4515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Lilian Weiling Hung Hacienda Heights, CA 91745-4125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Ruben Hurtado Lawndale, CA 90260-2665	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Salman Raza Hussain Torrance, CA 90501-3300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ki Sik Hwang Los Angeles, CA 90005-1349	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. William R Hyman Montebello, CA 90640-1540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Stephen Hyslop Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1525</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Suresh S Iyengar Studio City, CA 91604-3711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$51.50	\$109.00	
3/28/2019	Dr. Hani Ramzi Jabbour Walnut Creek, CA 94598-3013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Mahsa Jaberiansari San Pablo, CA 94806-3848	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Hari Jacob Kerman, CA 93630-1102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Mohammadali Jahani Los Angeles, CA 90024-5844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1526</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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3/28/2019	Dr. Dalia Jamma El Cajon, CA 92019-4387	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/28/2019	Dr. Kenneth E Jang Valley Springs, CA 95252-8547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Robert E Jarvis II Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. David Javdan Los Angeles, CA 90035-1152	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Hossein H Javid Inglewood, CA 90304-1001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1527</u> of <u>1677</u>
NAME OF FILER		I.D. Number
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3/28/2019	Dr. Salvia Golareh Javidan Palo Alto, CA 94306-1594	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Trisha L Jen Redwood City, CA 94065-1173	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Herbert C Jensen Jr. Sacramento, CA 95821-4379	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Erica Hyo-Yoon Jeong Covina, CA 91723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Norman H Jesch Jr. Garden Grove, CA 92843-1915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1528 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Scott Robert Jett Fresno, CA 93704-1063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Darryl Keith Johnson Carmichael, CA 95608-5739	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Eric O Johnson San Jose, CA 95111-1917	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Gregg Kevin Johnson San Diego, CA 92103-4936	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Matthew David Johnson Aliso Viejo, CA 92656-3043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Paul A Johnson West Sacramento, CA 95691-4056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Scott B. Johnson Hesperia, CA 92345-6526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Steven Gary Johnson Santa Barbara, CA 93105-3114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Grant Jong Riverside, CA 92506-2233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Yvonne Hoang Yen Jordan San Diego, CA 92117-6964	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1530</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Marcel A Jorna San Francisco, CA 94109-4841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Alan S Joseph Los Angeles, CA 90048-5809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Venkateswarlu Kadveti Patterson, CA 95363-2701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Nancy R. Kaheer San Carlos, CA 94070-2451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Payman Kakoli Tarzana, CA 91356-4218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1531</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Peter M Kam Monterey Park, CA 91754-2900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Gordon K Kanagaki San Jose, CA 95139-1351	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Scott Hiroto Kanai Los Angeles, CA 90012-4223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Kelie Hae Jee Kang Danville, CA 94506-1238	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Peggy Y Kang San Gabriel, CA 91776-3115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1532 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Tae Ho Kang Santa Clara, CA 95050-4555	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sarita Sahay Kapoor San Jose, CA 95118-3916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sudha Kapoor Pleasanton, CA 94588-2771	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kary M Karahadian Fresno, CA 93720-2848	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Lamise G Kassem Corona, CA 92883-8134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Niki S Katoози Ontario, CA 91762-6684	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Andy D. Kau Pasadena, CA 91101-2562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Karmjit Kaur Tracy, CA 95376-3084	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Brian John Kennedy Roseville, CA 95747-7333	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Parisa Kermanshahi Irvine, CA 92603-0120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1534 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Babak Khayatan Antioch, CA 94509-4100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Shashi Khosla Dublin, CA 94568-3844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Calvin S Kim Goleta, CA 93117-6284	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Christopher J K Kim Sunnyvale, CA 94087-3759	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Daniel K Kim Anaheim, CA 92805-4349	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Hyun-Jung Kim Anaheim, CA 92802-2001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Iljoon Kim Artesia, CA 90701-6611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. James H. Kim Anaheim, CA 92804-5502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jin-Hyuk Kim Victorville, CA 92395-4279	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. John H C Kim Upland, CA 91786-3669	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1536</u> of <u>1677</u>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Kenny KT Kim San Jose, CA 95125-5424	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kiho Kim Los Angeles, CA 90020-4191	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sonia Son Yong Kim Goleta, CA 93117-6284	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Stella K Kim San Francisco, CA 94116-1819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Susan Ji Hyun Kim Lynwood, CA 90262-2310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Teri Ly Kim Pinole, CA 94564-2525	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Youngsun Alice Kim-Bundy South Pasadena, CA 91030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Michael Kazuo Kimura Union City, CA 94587-3110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Robert Teruo Kimura Los Angeles, CA 90049-6603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Craig Allen Kinzer Jackson, CA 95642-2557	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$62.79	\$200.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Eric D Kirk Santa Maria, CA 93454-7016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Seiichiro Kita Torrance, CA 90505-2719	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Tiffany L Kitamura San Jose, CA 95125-4326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Barry I Klinger Sunnyvale, CA 94089-2061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Todd Knipper Vacaville, CA 95688-3642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1539</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Runit Kochhar Visalia, CA 93291-5032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/28/2019	Dr. Melanie Apostle Koehler Danville, CA 94526-4034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jeffrey G Kohlhardt Rancho Murieta, CA 95683-9441	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Steven M Kolnes Milpitas, CA 95035-6827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Brian R. Kong San Jose, CA 95125-5114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1540 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. John P Korbakis Culver City, CA 90230-6249	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Sapana Karsan Kothary San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kevin Kremer Chico, CA 95973-5402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Nisha I. Kripalani Sun Valley, CA 91352-3809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Richard L Kuehn San Ramon, CA 94583-1583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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NAME OF FILER  
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I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Julie J Kwon Walnut Creek, CA 94598-3013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Peter P. Lai San Francisco, CA 94118-4268	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Azeem K Lakha Palo Alto, CA 94301-2602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Elsa Sarah Lalehzari El Monte, CA 91731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Catherine Antoinette Lambeteccchio Fresno, CA 93730-0605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1542</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Arthur P Laos Los Alamitos, CA 90720-3699	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jennifer Lynn LaRocque Pleasant Hill, CA 94523-2036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Gabriel Jose Larrea Glendale, CA 91201-3624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ernie S Lavorini Oakland, CA 94612-3303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Cassidy Migan Lavorini-Doyle Oakland, CA 94612-3303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. John E Law Harbor City, CA 90710-3101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. An P. Le San Jose, CA 95125-5100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Nia Thuc Nhi Le Anaheim, CA 92804-5314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Thanh-Hang Le Garden Grove, CA 92843-4984	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Alane M Lee San Jose, CA 95124-1437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Anita T Lee Artesia, CA 90701-7047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. D. Harvey Lee Irvine, CA 92620-1962	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Donghoon Lee Soledad, CA 93960-3022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Duk-Sun Lee Indio, CA 92201-9137	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Gary Lee San Francisco, CA 94108-1010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. H. Jonathan Lee San Diego, CA 92129-2158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Heejoo Lee Los Angeles, CA 90010-2232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ian-Jay R Lee Irvine, CA 92620-3384	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jaehoon Lee Whittier, CA 90605-1818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jason Jusoon Lee Meadow Vista, CA 95722-9508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Jean Young Lee Tujunga, CA 91042-2728	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Joseph Weitai Lee Diamond Bar, CA 91789-3831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. M. Dennis Lee Calipatria, CA 92233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Michelle Kerin Lee Irvine, CA 92620-1962	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Richard Lee Downey, CA 90242-2309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1547</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Siyeun Lee Cypress, CA 90630-6823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Stephen Robert Lee San Diego, CA 92179-0001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Steven K Lee Monterey Park, CA 91754-4721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sung W. Lee Chino Hills, CA 91709-3992	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Thomas Kwontaek Lee Los Angeles, CA 90024-4003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

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California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Vanessa Mei Lee Oceanside, CA 92056-8601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Michelle T. Leong San Diego, CA 92127-1035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Roland Kim Leong San Francisco, CA 94105-2287	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Waymond K Leong San Francisco, CA 94105-2287	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jenny Ann Leong Fresno, CA 93730-3566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1549</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Wilson Wing-Sing Leung Hayward, CA 94541-3008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
3/28/2019	Dr. Graham L Leupp Cameron Park, CA 95682-9201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kent B. LeVan San Jose, CA 95123-2701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Philip Liao Alameda, CA 94501-2109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Linda Mary Chhoa Lim Rosemead, CA 91770-2215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1550 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Michelle Ann Lim Irvine, CA 92606-4503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Peterson Lim Pismo Beach, CA 93449-2705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Han Cheng Lin Hayward, CA 94541-4004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Grant Mark Liske Ramona, CA 92065-2321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Frank J Liu Anaheim, CA 92805-1810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1551</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Colby M Livingston San Clemente, CA 92672-4039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. H. Amy Lo Diamond Bar, CA 91765-3348	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Man-Pik Lo Cupertino, CA 95014-3016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Carrie Leanne Loewen Pacific Palisades, CA 90272-5059	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Whelan W Lok Arcadia, CA 91006-3788	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1552 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Michael Walter Long La Quinta, CA 92253-2076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Cherisse S Loo Vista, CA 92084-6064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kenneth G Louie Oakland, CA 94609-3641	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Tiffany M. Louie Piedmont, CA 94611-4038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. James M Lovell La Jolla, CA 92037-4267	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1553</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Elaine F. Lu Monrovia, CA 91016-2805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Martha R Lucero Garden Grove, CA 92840-5806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Paul W Luczynski San Diego, CA 92103-4112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. David M Ludwig Riverside, CA 92504-3811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jocelyn Simbol Lugtu Paramount, CA 90723-4337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1554 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Michael Jerry Lugtu South El Monte, CA 91733-4610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Natalie M Luu Fresno, CA 93703-2222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Hoa X Ly Montebello, CA 90640-2519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Alexis D. Lyons Roseville, CA 95661-7773	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jack Ting-Shen Ma Temple City, CA 91780-1901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1555 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Lindsay Hambleton Macfarlane Pasadena, CA 91101-2912	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Eru Madan Fremont, CA 94538-1422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Parvin Mahdad Tustin, CA 92780-2939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Andrew L Mahler Simi Valley, CA 93065-6507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Harvey I Mahler Simi Valley, CA 93065-6507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Maria M. Majda San Francisco, CA 94118-1953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Matthew Jeremy Malan Clovis, CA 93611-0223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Albert M Malouf Altadena, CA 91001-2450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Cesar Zacarias Mamani-Cancino Wildomar, CA 92595-7614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Anna Dee Trinidad Manalad Morgan Hill, CA 95037-4346	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$120.84	\$145.02	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1557 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Brian Wim Mananquil San Diego, CA 92103-3137	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sital Virendra Mandali Placentia, CA 92870	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. John D Mann Rohnert Park, CA 94928-2929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Mohammed Navid Mapara Los Angeles, CA 90016-4406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ravikiran J Mara Temecula, CA 92590-2615	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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NAME OF FILER  
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742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Richard James Marasco Walnut Creek, CA 94596-8229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Fernando Asdrubal Marchetti Modesto, CA 95354-1221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Lidia Marisela Marcinkowski Corona, CA 92879-5365	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Seneca Mercado Mariano Newark, CA 94560-4900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ellen Mark Woodland, CA 95695-3603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. David Alistair Marth Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Eric Anton Martin Lafayette, CA 94549-5039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Tina Strain Martinez San Diego, CA 92126-7502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Neha Marwaha Buena Park, CA 90621-1657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sukhmani Marwaha Fresno, CA 93711-6953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1560 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Naomeh Mashhood Beverly Hills, CA 90211-3120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. James M Masuda San Jose, CA 95123-5403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Sarah Isabel Mathias Laguna Hills, CA 92653-3648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Norman Dale Mathis Redlands, CA 92373-5981	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kate Matin Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1561</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Allen D Mau Lodi, CA 95240-3844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Christopher Michael Maulik San Diego, CA 92131-4606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Behzad Aligholi Mayelzadeh Santa Rosa, CA 95409-5384	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Shadi Mazaheri Playa Vista, CA 90094-2280	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Anoosheh Mazhari- Khorshidian Irvine, CA 92618-1110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Jeffrey McCardle Bakersfield, CA 93301-1497	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/28/2019	Dr. Richard D. Mccliskey Claremont, CA 91711-1607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. M Brian McConnell Ventura, CA 93003-4368	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Ian Stuart McDonald Escondido, CA 92025-3401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jenna Kathleen Mcdonald San Diego, CA 92116-2504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1563 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Matthew W McDonald Vista, CA 92083-6052	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. James Albert McDowell San Rafael, CA 94901-2811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$2.97	\$145.00	
3/28/2019	Dr. John T McGwire Mission Viejo, CA 92692-4978	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Mark M McKee San Diego, CA 92121-2311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Bedan O Meimban Visalia, CA 93277-4962	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1564 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Mark Kevin Metcalf Anaheim, CA 92801-1804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ayman A Metwally Santa Clara, CA 95051-0955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Michael A Mikitka Sacramento, CA 95816-7047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Ronald E Mileham Rancho Palos Verdes, CA 90275-0820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Kristen Annette Miller Camarillo, CA 93012-9068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Ronald E Miller Campbell, CA 95008-3429	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Trevor Dwayne Miller Gold River, CA 95670-8157	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. William D Miller La Crescenta, CA 91214-1729	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Roy Evan Mintzer Santa Barbara, CA 93105-5517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. John Charles Minye Santa Rosa, CA 95405-4750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1566</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Lilit Mirzoyan Glendale, CA 91202-2358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Dean K Mizono Albany, CA 94706-1605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ramin Moayeri Pacific Palisades, CA 90272-3898	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Zahra Modaressi San Ramon, CA 94583-2837	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Nitin Ochavhac Mody Lakewood, CA 90713-1533	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1567</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Amir Shahab Mohseni Laguna Hills, CA 92653-1204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Audrey N Mojica Walnut Creek, CA 94596-4913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Marina Vladimirovna Mokrushin Elk Grove, CA 95758-8207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Adam D Monroe Vista, CA 92083-5103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jorge J Montane Fremont, CA 94539-3113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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NAME OF FILER  
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742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Blake Edwin Moore Yuba City, CA 95991-2920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Lauro P. Mora Fairfield, CA 94533-3507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jennifer Dawn Morris Salinas, CA 93901-4421	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Steven G Morrow Loma Linda, CA 92350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Richard A Moselle Culver City, CA 90232-3308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1569</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Elaine C Mu Eureka, CA 95501-4738	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Anthony M Mumolo Tustin, CA 92780-3852	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Danny C Murphy Grass Valley, CA 95945-7510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Nagaraja P. Murthy Compton, CA 90221-1610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Lynn A Mutch Alhambra, CA 91801-4162	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1570</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Sepideh Najaran Irvine, CA 92618-3725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Richard Leigh Nakabayashi Diamond Springs, CA 95619-9517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Larry M Nakashima Sebastopol, CA 95472-3741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Tara Zam Nakhjiri Beverly Hills, CA 90210-5026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ann Abdel Said Nakhla Clovis, CA 93612-3985	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1571</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Mahmoud Namian Los Angeles, CA 90022-3211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jinous Naraghi Menlo Park, CA 94025-5650	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Arelvis A Narvaez Carson, CA 90745-5579	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Elliot Nayssan Los Angeles, CA 90025-5073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Fred Nayssan Los Angeles, CA 90025-5073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1572</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Hilary L. Nelson Jr. Napa, CA 94558-3278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Lee Nelson Belmont, CA 94002-1664	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. William M Netzley Fresno, CA 93704-2221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Frank Lock Ng San Bruno, CA 94066-3435	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Andrew Quang Ngo San Jose, CA 95116-1304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1573</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. MyLinh Ngo Pleasanton, CA 94566-6138	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Anh Hoang Nguyen Long Beach, CA 90815-1100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/28/2019	Dr. Bao Thien-Vu Nguyen Temecula, CA 92591-4625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Hang Le Nguyen San Jose, CA 95122-1357	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Hanh N Nguyen Bakersfield, CA 93309-8763	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1574</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Hanh Thi Nguyen Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. James Anthony Nguyen Redondo Beach, CA 90278-2810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jason Ngoc Nguyen Anaheim, CA 92807-1737	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. John Nguyen Fullerton, CA 92831-4103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Justin Truong M Nguyen Fallbrook, CA 92028-2159	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1575</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Lan Hong Nguyen San Jose, CA 95119-1343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Loc Quang Nguyen Garden Grove, CA 92844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Mai Huong Nguyen San Jose, CA 95116-1209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Michael Ngoc Nguyen Hayward, CA 94544-1832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Nancy Bich Van Nguyen San Jose, CA 95128-4806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1576</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Ngoc-Chi Thi Nguyen Arcadia, CA 91006-5240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Tam Ngoc Nguyen Sacramento, CA 95825-1378	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Tania Duc Nguyen Carlsbad, CA 92009-8453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Thai Q Nguyen Norco, CA 92860-2968	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Toan Duy Nguyen Huntington Beach, CA 92647-6881	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1577</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Tran Dang Nguyen San Diego, CA 92115-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Theresa M Nguyenduc Costa Mesa, CA 92626-8606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Tuan Nhan Fair Oaks, CA 95628-3190	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sadia Z f Niazi Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kimberly Grace Nichelini American Canyon, CA 94503-1262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1578</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Rick Jason Nichols Redlands, CA 92373-5255	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Brady Nielsen Mission Viejo, CA 92691-5327	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/28/2019	Dr. Harit Kaur Nijjar Santa Rosa, CA 95401-8813	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Nader Niknam Los Angeles, CA 90025-6807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Richard T Nishikawa Torrance, CA 90505-4710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1579</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Mark M. Nishimura San Jose, CA 95125-4326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kyle Cameron Nunley Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Peter C Nyland Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Jason M. O'Brien Vacaville, CA 95688-2802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kenneth Daniel Ochi Redondo Beach, CA 90278-4001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Karen M. Oga San Fernando, CA 91340-4061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Geoffrey Toshio Okada Burbank, CA 91505-4409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Gary Uichi Okamoto Palm Desert, CA 92211-0449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Steven Kent Okamoto Torrance, CA 90505-2542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Felix A Onuegbu Sacramento, CA 95831-5170	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1581</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Jenessa Zin-Mar Oo West Covina, CA 91791-3487	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Matthew Osmak Poway, CA 92064-2043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. David F Ouellet Santa Maria, CA 93454-6926	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Lewis Headlam Overbey Beverly Hills, CA 90210-4537	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Leroy Felix Owyang Fremont, CA 94539-5340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1582 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Jeremy B Owyong Lake Forest, CA 92630-2791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Mark Robin Paden Modesto, CA 95355-1100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$36.25	\$108.75	
3/28/2019	Dr. Babak Pahlavan Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Victor Tai Yong Pak Turlock, CA 95382-2500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Edwin M Park Newbury Park, CA 91320-3708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1583</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Julie Park Torrance, CA 90505-1909	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jun Hae Park Los Angeles, CA 90045-3819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jung Sun Park Sausalito, CA 94965-1107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sangmi Park Walnut Creek, CA 94596-6403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sue Jean Park Pasadena, CA 91101-3515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1584 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Sung Hae Park West Covina, CA 91790-4955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sandra Lizbeth Parker Anaheim, CA 92806-4613	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Arthur B Parkins III Santa Ana, CA 92705-6506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Sheila Parsa Redondo Beach, CA 90277-5468	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Hoffner Javate Pascua Bonita, CA 91902-1349	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1585 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Dennis Pasko Brea, CA 92821-4370	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. James A Pasternak Chatsworth, CA 91311-8227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Dhruvika P Patel Chino, CA 91710-6928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Neal N Patel Novato, CA 94947-3030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Parin A Patel San Jose, CA 95131-2769	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1586 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Michael John Payne II Santa Monica, CA 90403-4907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Christopher Brent Peeke Banning, CA 92220-3082	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Radoslaw W Peliks El Dorado Hills, CA 95762-9327	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. David M Perry Alameda, CA 94501-1185	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Daniel W Petersen Redding, CA 96002-0104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Giai Pham Fresno, CA 93720-3300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Haley N. Pham Arcadia, CA 91007-6379	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Lan-Anh Pham Anaheim, CA 92802-3521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Lien Ngoc Pham San Jose, CA 95133-1941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Uyen Pham Placentia, CA 92870-4150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1588 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Vinh Thai Pham Campbell, CA 95008-2575	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Hai Thanh Phan San Jose, CA 95121-1794	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Chiaven Phen Milpitas, CA 95035-3634	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Eric D Phillips Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Young Mu Phu Sunnyvale, CA 94087-1934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Angel Javier Pinto Sacramento, CA 95831-3465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sarah Jane Po Sim Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Nicholas Ellis Poblete Modesto, CA 95355-3191	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Adriana Poleo Thousand Oaks, CA 91362-2152	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jose C. Polido Los Angeles, CA 90027-6062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1590 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Sridevi Ponnala Fremont, CA 94539-5913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Garrett C Porteous Danville, CA 94506-1100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jeffrey D. Potter Yorba Linda, CA 92886-3810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Bridget M Powers Walnut Creek, CA 94598-3384	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Nirmala Janardhan Prabhu Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Terence K Prechter Yuba City, CA 95991-4026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Lorraine Prisbrey Willits, CA 95490-3603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Konstantinos Proussaefs Simi Valley, CA 93065-2828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Natalie Kristine Provenzano San Jose, CA 95138-1016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Melinda Wheeler Pruitt Santa Monica, CA 90404-1240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Reed Thomas Puelicher Yuba City, CA 95991-4121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Susan Jensen Purcell Los Gatos, CA 95032-2002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Joe E Purdie Chula Vista, CA 91910-4613	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Rupinder Pal Kaur Purewal Morgan Hill, CA 95037-9096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Catherine Trang Quach San Jose, CA 95132-2907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Robert S Quinn San Francisco, CA 94108-4101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Stacey Dagmar Quo Palo Alto, CA 94301-2423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Timothy A Quon Torrance, CA 90505-4887	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Daryoush S. Radfar Thousand Oaks, CA 91360-5805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Amir Radpour San Pablo, CA 94806-3676	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Suman A. Ramakumar Santa Clara, CA 95050-5484	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. David Ramirez Gonzales, CA 93926	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Blanca Silvia Ramos San Diego, CA 92127-4138	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Marjorie A Ramos Highland, CA 92346-2757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Erel Katz Rappaport Poway, CA 92064-2033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Jonah Eli Raskin Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Farhana Mustafa Rassiwala Stockton, CA 95205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Anna Ratiner San Francisco, CA 94102-1306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Scott Duane Rauvola San Diego, CA 92101-2110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Rosita Rayhan Los Angeles, CA 90048-5812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Smitha Mandha Reddy Westlake Village, CA 91361-5584	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Peter A Refela Sun Valley, CA 91352-2062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Joseph Renzi Jr. Santa Ana, CA 92705-6506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Mohamad Ali Reshad Woodland Hills, CA 91367-2053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Olga L Reyes Ontario, CA 91761-6483	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Franklin E Ritz Healdsburg, CA 95448-3929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Yvette Rivera Upland, CA 91786-3695	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sung Kang Ro Anaheim, CA 92801-3548	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Lance Anthony Robinson Tustin, CA 92780-8023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Richard Norman Robinson Santa Cruz, CA 95060-3524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Arminda Viviana Robles West Covina, CA 91790-2052	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Yvonne Marie Rochon Santa Barbara, CA 93101-2533	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$121.96	\$121.96	
3/28/2019	Dr. Leon Roda III Jackson, CA 95642-2557	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Smita J. Rodrigues Santa Clara, CA 95050-4072	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Efren P Rodriguez Riverside, CA 92505-1617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1599</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

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3/28/2019	Dr. Deogsoo Roh Sanger, CA 93657-2823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Diego Alberto Rojas Red Bluff, CA 96080-2731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ruben Martin Romero San Diego, CA 92103-4936	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Matthew Ronconi Salinas, CA 93901-4223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/28/2019	Dr. Aaron Elliot Rose San Francisco, CA 94111-1108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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3/28/2019	Dr. Michael N Rose Susanville, CA 96130-4555	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Edward L Rosen Woodland Hills, CA 91364-1939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Marvin Kerry Rosenberg Valley Village, CA 91607-3354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Rhoda Sheri Ross Redondo Beach, CA 90277-5723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sholi A Rotblatt Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Robert R Ruby Santa Barbara, CA 93101-2533	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Mitchel Ruffman Sacramento, CA 95826-3203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. David Harris Rule Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Sepehr Aaron Saeedi Santa Ana, CA 92704-7431	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Bahareh Safaie Los Angeles, CA 90095-0001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1602</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Khalil S Saghezchi Cupertino, CA 95014-3240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Navreena Kaur Sahota Piedmont, CA 94611-4211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/28/2019	Dr. Bryan H Saiki Redondo Beach, CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Roberto Salazar San Marcos, CA 92078-4012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Gary H Salenger Los Angeles, CA 90049-6604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Douglas Bryan Sam Marina Del Rey, CA 90292-5455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Mary Grace B Samonte-Mora Irvine, CA 92618-3725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Matthew Sanders Rancho Cordova, CA 95670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Pedro Miguel Sandoval Rialto, CA 92376-5012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jack M Santone Encinitas, CA 92024-3842	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Aaron A. Santos Los Gatos, CA 95032-2003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Juan Emanuel Santos Newark, CA 94560-5221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Keivan Sarraf Beverly Hills, CA 90210-2039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Paul Sasaki Saratoga, CA 95070-3828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Richard M Sasaki Los Altos, CA 94022-3956	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Megha B Sata Lawndale, CA 90260-1505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Mary Concepcion Perez Satuito Marina Del Rey, CA 90292-5882	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Yintawati A Satyarahardja West Covina, CA 91791-1534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Hans J Sawatzky Willits, CA 95490-3949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Robert M Sayegh Lafayette, CA 94549-5045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1606</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Lynn Sayre-Carstairs San Luis Obispo, CA 93401-2545	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ronald S Scheinbach San Mateo, CA 94403-1344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Warren J Schlott Brea, CA 92821-5155	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. William M Schneider Walnut Creek, CA 94596-5298	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$200.00	\$200.00	
3/28/2019	Dr. John W Schulz San Francisco, CA 94132-1911	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1607</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Aaron D Schwartzman Beverly Hills, CA 90210-4424	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Timothy D Scott Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Eugene Sekiguchi Monterey Park, CA 91754-4721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Harriet F. Seldin San Diego, CA 92117-5356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Michael J Selleck Lafayette, CA 94549-4563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1608 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Geeta Ketan Seth Santa Ana, CA 92707-3179	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Babak M Shabestari Sacramento, CA 95825-7326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$181.25	
3/28/2019	Dr. Padideh Shafiei Irvine, CA 92618-3741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Natalya Shagramanova Los Angeles, CA 90017-1611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ishita Shah Milpitas, CA 95035-5302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1609</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Kosha Jignesh Shah Port Hueneme, CA 93041-2132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kruti Shreyas Shah San Jose, CA 95148-4329	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Johnny Betros Shammo Loma Linda, CA 92354-6753	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Bilal Shammout Lancaster, CA 93534-5505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Dennis A. Shanelec Santa Barbara, CA 93101-2536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1610</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Eric D Shapiro Encino, CA 91316-2807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sherry Shapiro Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Alireza M Sharifzadeh Port Hueneme, CA 93041-2634	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Indu Sharma Berkeley, CA 94705-2058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Mahvash Shayan West Hills, CA 91307-2019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1611 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Kishore Venkatesh Shetty Escondido, CA 92025-3413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Andrew B Shi Lake Forest, CA 92630-5049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kenneth A Shimizu Sunnyvale, CA 94087-2319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Dong-Youn Shin Campbell, CA 95008-0558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sang Gyu Shin Moreno Valley, CA 92553-5216	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1612</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Thomas H Shinmoto Los Angeles, CA 90012-2477	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Behzad Shirazi-Ardestani Studio City, CA 91604-2751	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Victoria Ann Shook San Pedro, CA 90732-1248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Suwen Cassie Shuen Fremont, CA 94539-3088	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Karanvir Singh Sibia Roseville, CA 95678-6124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Gagandeep S Sidhu Fresno, CA 93710-6075	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Richard A Silva Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Maria R Silvera Portacio Santa Maria, CA 93454-7016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Joseph C Silvio Covina, CA 91723-1923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Robert T Silvola Moreno Valley, CA 92553-3171	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Paul A Simon Sacramento, CA 95825-1386	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Stanley H Siu San Francisco, CA 94104-3417	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Synneve Skeie Pleasant Hill, CA 94523-2034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. William G Sloan Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. David J. Smith Visalia, CA 93291-7896	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1615</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Brian William Snaer Arcadia, CA 91007-6378	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kyaw K Soe San Francisco, CA 94134-2914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Roger Daekwan Sohn Loma Linda, CA 92354-4028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Jay A Solnit Beverly Hills, CA 90210-4537	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Hana Solomon Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1616</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Mohammad Hadi Soltani Rio Vista, CA 94571-1809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Inessa Sosis San Francisco, CA 94118-3713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Joseph S Sparrow San Diego, CA 92123-3066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sowjanya Srikantam Pleasanton, CA 94566-4153	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Robert L Starr Fresno, CA 93720-2957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1617</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Angela Stathopoulos La Jolla, CA 92037-2724	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Brian Cameron Steele Rocklin, CA 95677-2675	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$120.00	\$145.00	
3/28/2019	Dr. Jon Eric Steffensen Napa, CA 94558-3308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Gregory A Stern Los Angeles, CA 90024-4005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. James R Stroud Santa Maria, CA 93455-5148	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1618 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Ricardo Andres Suarez West Covina, CA 91790-2902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Ramya Bala Subramanian San Diego, CA 92131-2366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Atul Suchak West Covina, CA 91790-3409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jensen Chan Sun San Jose, CA 95125-5211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Nichole H Sun Burbank, CA 91506-2411	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1619</u> of <u>1677</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Kimberly Ann Sunahara Rancho Cordova, CA 95670-5659	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Heidi Weng Tse Sun-Haley Lakeport, CA 95453-5511	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Rachna Surana Laguna Niguel, CA 92677-2090	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Metta Surya Rialto, CA 92376-8058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. John S Sutherland Redding, CA 96002-3229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Margaret Ang Sy Glendale, CA 91206-4283	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Mikhail Cong Ta Chico, CA 95927	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Mark Taheri Valencia, CA 91355-2369	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Michael E Tai Gilroy, CA 95020-4519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jeff K Takahashi Lodi, CA 95242-9287	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Richard D Talbot Citrus Heights, CA 95610-7949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Irene Ching-Ping Tan Los Altos, CA 94024-5602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Rose Marie Lim Tan Fullerton, CA 92832-1945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kevin K Tanaka Orange, CA 92868-4667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Derrick Seichi Tanihara Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Leslie K Tanimura Brentwood, CA 94513-2239	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Marianne Tanios Whittier, CA 90603-2910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Myriam Mikhail Tawfik Foster City, CA 94404-1219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Oualid Tellissi Palm Desert, CA 92260-3320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. William Tetteh-Martey Eureka, CA 95503-5638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1623</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Phillip Hoang Thai Sunnyvale, CA 94087-1057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Trang D Thai San Jose, CA 95123-3764	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Mimi L Theerathada Westlake Village, CA 91361-3161	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Dennis S Thodas Willows, CA 95988-2819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Brenda Lee Thomas-Pugh Berkeley, CA 94703-2715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1624</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Iris Anne De Guzman Tinloy Fremont, CA 94539-3074	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Alina Tiraspol'skaya Los Angeles, CA 90025-5865	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Timothy S Tobias Riverside, CA 92504-2756	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Kent J. Toca Garden Grove, CA 92841-2705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Meghan R Toland La Mesa, CA 91942-6434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1625</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Daniel Ton Ontario, CA 91761-5696	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Tino Cuong Ton-That San Jose, CA 95112-3511	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Stephen R Torgerson Fresno, CA 93710-6079	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Ariel Torres Fresno, CA 93721-1434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Christopher O Torres Lakeport, CA 95453-3615	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1626 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Joshua Trammell Hanford, CA 93230-5029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$116.00	\$116.00	
3/28/2019	Dr. Christine D Tran San Francisco, CA 94122-2015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Huy Tran Oceanside, CA 92056-2669	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. The-Hao Manh Tran Laguna Beach, CA 92651-3681	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Thu Anh Tran Santa Ana, CA 92704-2347	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1627</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Tien Tran Sun City, CA 92586-3040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Anh-Thu N Truong Huntington Beach, CA 92648-3921	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Theresa Tsai Del Mar, CA 92014-2934	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	(\$130.00)	\$15.00	
3/28/2019	Dr. Joyce Li Tse Oakland, CA 94612-3410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sharon Kung Tso Winnetka, CA 91306-3109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1628 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Enrique Tuesta Monterey, CA 93940-2904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Trischa R Tuesta Monterey, CA 93940-2904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Suzanne Bernice Tulenko Chula Vista, CA 91910-2801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Marc Jarrid Tully Redondo Beach, CA 90278-5324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Lena Nicole Turner La Jolla, CA 92037-4478	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1629</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Swathi Upadhyaya San Jose, CA 95148-2078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Laleh Vakili San Mateo, CA 94402-3046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Oscar E Valenzuela Cerritos, CA 90703-2692	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Lisa Ignacio Vallesteros Los Angeles, CA 90029-1764	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Elaine Ngoc Loan Van Morgan Hill, CA 95037-7231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1630 of 1677
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Dipakkumar P Vasoya Corona, CA 92879-8036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. William E Vickerman Irvine, CA 92604-8655	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Hung Quang Vo San Francisco, CA 94158-2131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Nancy Huong Vo San Jose, CA 95136-2339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Thu-Thuy Vo Yorba Linda, CA 92886-4032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Natalya Volondin Bakersfield, CA 93301-5727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Chang Say Vong Sacramento, CA 95829-1628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Lily Voong San Francisco, CA 94118-1030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Andrew D Vu Anaheim, CA 92804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Khang D Vu Paramount, CA 90723-4356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1632</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. TrangKhanh Trong Vu Anaheim, CA 92804-3729	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Gary L Walker Chico, CA 95928-7686	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. James A Walker Hanford, CA 93230-2929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Kevin Walker Vacaville, CA 95688-4246	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Benjamin Hui-Feng Wang Mountain View, CA 94041-1375	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Chuck Cy Wang Los Angeles, CA 90035-1487	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jen-Kuei Wang Sunnyvale, CA 94086-5326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Michael A. Wasemiller Murrieta, CA 92562-8118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Tara Ellen Wasemiller Temecula, CA 92590-5528	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Scott E. Wathen Bellflower, CA 90706-5965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1634</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Charles K Wear Santa Rosa, CA 95405-4953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Russell I. Webb Rancho Cordova, CA 95670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Robert L Weichers Smith River, CA 95567-9509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Michael M West Santee, CA 92071-3809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Richard Hamilton White San Francisco, CA 94103-2919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1635</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Stephen Daniel Willens Burbank, CA 91505-2118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Jack O Williams Long Beach, CA 90808-2149	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Keith E Williams Visalia, CA 93291-4332	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Robert C. Williams Angwin, CA 94508-0307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Max P Wilson Santa Cruz, CA 95060-3524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1636</u> of <u>1677</u>
NAME OF FILER		I.D. Number
California Dental Association Political Action Committee (CDA PAC)		742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Scott D Winter Modesto, CA 95350-5578	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Alex Le Sing Wong Dublin, CA 94568-7564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Bingson W Wong Rancho Cordova, CA 95670-6096	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Eric Bao-Toan Wong San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Eric Cyrus Wong San Francisco, CA 94122-2015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1637</u> of <u>1677</u>
		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. James T Wong Maywood, CA 90270-2920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jeffrey Y Wong Fremont, CA 94539-7957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Mark Allen Wong Covina, CA 91723-1833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Martin D Wong Richmond, CA 94806-1949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Rickey Joe Wong San Leandro, CA 94577-5147	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1638 of 1677
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Sam Y Wong Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Stephen G Wong Richmond, CA 94806-1949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Winifred S Wong Fremont, CA 94538-2974	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Conway K Woo Fresno, CA 93720-3238	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Matthew D Woods Nevada City, CA 95959-2951	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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OTH - Other  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1639</u> of <u>1677</u>
I.D. Number		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Barbara Wu San Jose, CA 95116-1915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jamson C Wu Elk Grove, CA 95758-5159	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Michael H Wu Dublin, CA 94568-7247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jean Ann Yang San Carlos, CA 94070-3929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Stephen Shaw-Bing Yang Redwood City, CA 94062-1422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Lucia Yau Anaheim, CA 92801-1801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Dana Leigh Yeoman Bakersfield, CA 93301-3065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Sevan S Yergatian Roseville, CA 95678-3246	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jonathan C Yeung Los Angeles, CA 90023-3360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Norman W Yim San Jose, CA 95112-5163	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page <u>1641</u> of <u>1677</u>
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. Number 742855

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Chester L Yokoyama Los Angeles, CA 90017-3910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Kyunghie Kay Yoo Fremont, CA 94536-3809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Tina H. Yoo Daly City, CA 94015-2660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Eric William Young Roseville, CA 95661-7747	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jennifer Young Castro Valley, CA 94546-4303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Peter P Young Jr. Glendale, CA 91204-4500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$109.00	\$109.00	
3/28/2019	Dr. Jerry Yack Yu Grover Beach, CA 93433-2287	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jung Hyun Yu Stevenson Ranch, CA 91381-1807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Pearl H Zadeh Woodland Hills, CA 91367-2035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Falamack Zaltash Covina, CA 91722-2739	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1643 of 1677
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Joseph Jett F Zapanta Los Angeles, CA 90027-5715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Negar Zareh Tustin, CA 92780-4637	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Niloofar Zarkesh San Jose, CA 95128-5108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Shahrzad Fattahi Zarrinam Playa Del Rey, CA 90293-7985	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Clayton G Zeidler San Jose, CA 95129-5001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**

Page 1644 of 1677

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. Number  
742855

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Dr. Lena Zerounian Pasadena, CA 91107-2213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Jiachang Zhang Encinitas, CA 92024-3781	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. John Zhang Claremont, CA 91711-2812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
3/28/2019	Dr. Amy Azadeh Zonoozi Ontario, CA 91762-6684	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - no business name Dentist	\$145.00	\$145.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL** \$1,141,484.01

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B - Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>	<b>CALIFORNIA FORM 460</b>
Page <u>1645</u> of <u>1677</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Dental Association Political Action Committee (CDA PAC)	I.D. NUMBER 742855
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	

**SUBTOTALS**

## Schedule B Summary

(Enter (e) on  
Schedule E, Line 3)

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

\* Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

**Schedule B - Part 2  
Loan Guarantors**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>	<b>CALIFORNIA FORM 460</b>
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I.D. Number 742855	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	

**SUBTOTAL**

Enter on  
Summary Page,  
Line 17 only.

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>1647</u> of <u>1677</u>
I.D. Number 742855	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
1/23/2019	California Dental Association Sacramento, CA 95814 Memo Reference: NON862254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$2,030.00	\$3,925.97	
1/31/2019	California Dental Association Sacramento, CA 95814 Memo Reference: NON862255	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$121.99	\$3,925.97	
2/28/2019	California Dental Association Sacramento, CA 95814 Memo Reference: NON862256	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$121.99	\$3,925.97	
3/31/2019	California Dental Association Sacramento, CA 95814 Memo Reference: NON862257	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$121.99	\$3,925.97	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$3,925.97

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.)..... \$0.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 ..... \$0.00
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL** \$0.00

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>1648</u> of <u>1677</u>
I.D. Number 742855	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3/20/2019	California Dental Association Sacramento, CA 95814 Memo Reference: NON862281	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$1,530.00	\$3,925.97	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$3,925.97

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM- Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1649 of 1677
I.D. NUMBER		742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/23/2019	Bay Area Legislative Leaders PAC State General Purpose Committee	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,500.00	\$2,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/23/2019	Payee Name: Evan Low for Assembly 2020 Candidate Name: Evan Low State Assembly Person District 28 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/23/2019	Payee Name: Anna Caballero for Senate 2022 Candidate Name: Anna Caballero State Senator District 12 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2022P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$395,600.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \$395,600.00

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1650 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. NUMBER 742855

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/23/2019	Lesbian, Gay, Bisexual & Transgender (LGBT) Caucus Leadership Fund State GP Issues Committee	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$15,000.00	\$15,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/23/2019	Payee Name: Cottie Petrie-Norris for Assembly 2020 Candidate Name: Cottie Petrie-Norris State Assembly Person District 74 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/23/2019	Payee Name: Jeff Stone for Senate 2022 Candidate Name: Jeff Stone State Senator District 28 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2022P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/23/2019	Payee Name: Rebecca Bauer-Kahan for Assembly 2020 Candidate Name: Rebecca Bauer-Kahan State Assembly Person District 16 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1651 of 1677

NAME OF FILER California Dental Association Political Action Committee (CDA PAC)	I.D. NUMBER 742855
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/23/2019	Payee Name: Freddie Rodriguez for Assembly 2020 Candidate Name: Freddie Rodriguez State Assembly Person District 52 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,000.00	\$3,000.00	2020P: \$3,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/23/2019	Payee Name: Nancy Skinner for Senate 2020 Candidate Name: Nancy Skinner State Senator District 09 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$300.00	\$4,700.00	2020P: \$4,700.00 2020G: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/23/2019	Payee Name: Jim Wood for Assembly 2020 Candidate Name: Jim Wood State Assembly Person District 02 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$9,400.00	2020P: \$4,700.00 2020G: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/23/2019	Payee Name: Jim Wood for Assembly 2020 Candidate Name: Jim Wood State Assembly Person District 02 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$9,400.00	2020P: \$4,700.00 2020G: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1652 of 1677

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. NUMBER  
742855

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/23/2019	Payee Name: Nancy Skinner for Senate 2020 Candidate Name: Nancy Skinner State Senator District 09 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$4,700.00	2020P: \$4,700.00 2020G: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/12/2019	California Republican Party Jurisdiction: State Political Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$10,000.00	\$10,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/12/2019	Californians Allied for Patient Protection PAC (CAPP PAC) State General Purpose committee	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$7,800.00	\$7,800.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/12/2019	Sonoma County Democratic Central Committee State Political Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,500.00	\$2,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1653 of 1677

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. NUMBER  
742855

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/12/2019	Payee Name: Brian Dahle for Senate 2019 Candidate Name: Brian Dahle State Senator District 01 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2019S: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/12/2019	Payee Name: Rob Bonta for Assembly 2020 Candidate Name: Rob Bonta State Assembly Person District 18 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/12/2019	Payee Name: Marie Waldron for Assembly 2020 Candidate Name: Marie Waldron State Assembly Person District 75 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: Robert Rivas for Assembly 2020 Candidate Name: Robert Rivas State Assembly Person District 30 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1654 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. NUMBER 742855

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/26/2019	Payee Name: James Ramos for Assembly 2020 Candidate Name: James Ramos State Assembly Person District 40 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: Vince Fong for Assembly 2020 Candidate Name: Vince Fong State Assembly Person District 34 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: Chris Holden for Assembly 2020 Candidate Name: Chris Holden State Assembly Person District 41 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: Ling Ling Chang for Senate 2020 Candidate Name: Ling Ling Chang State Senator District 29 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1655 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. NUMBER 742855

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/26/2019	Payee Name: Chad Mayes for Assembly 2020 Candidate Name: Chad Mayes State Assembly Person District 42 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: Anthony Rendon for Assembly 2020 Candidate Name: Anthony Rendon State Assembly Person District 63 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: Scott Wilk for Senate 2020 Candidate Name: Scott Wilk State Senator District 21 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,200.00	\$2,200.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: Phillip Chen for Assembly 2020 Candidate Name: Phillip Chen State Assembly Person District 55 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1656 of 1677

NAME OF FILER California Dental Association Political Action Committee (CDA PAC)	I.D. NUMBER 742855
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/26/2019	Payee Name: Jordan Cunningham for Assembly 2020 Candidate Name: Jordan Cunningham State Assembly Person District 35 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: Tyler Diep for Assembly 2020 Candidate Name: Tyler Diep State Assembly Person District 72 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	California Democratic Party State Political Party  Memo Reference: EXP855800	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$38,800.00	\$235,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	California Democratic Party State Political Party  Memo Reference: EXP855801	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$46,200.00	\$235,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1657 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. NUMBER 742855

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/8/2019	Payee Name: Mani Grewal for Senate 2020 Candidate Name: Manmeet Grewal State Senator District 05 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/18/2019	Payee Name: Buffy Wicks for Assembly 2020 Candidate Name: Buffy Wicks State Assembly Person District 15 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/18/2019	Payee Name: Tom Lackey for Assembly 2020 Candidate Name: Tom Lackey State Assembly Person District 36 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/18/2019	Payee Name: Tom Daly for Assembly 2020 Candidate Name: Tom Daly State Assembly Person District 69 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1658 of 1677

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. NUMBER  
742855

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/18/2019	Payee Name: Cottie Petrie-Norris for Assembly 2020 Candidate Name: Cottie Petrie-Norris State Assembly Person District 74 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/18/2019	Payee Name: Brian Maienschein for Assembly 2020 Candidate Name: Brian Maienschein State Assembly Person District 77 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/18/2019	San Diego County Democratic Party State Political Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,000.00	\$3,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/18/2019	Payee Name: Henry Stern for Senate 2020 Candidate Name: Henry Stern State Senator District 27 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,700.00	\$1,700.00	2020P: \$7,400.00 2020G: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1659 of 1677

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. NUMBER  
742855

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/18/2019	Payee Name: Tasha Boerner Horvath for Assembly 2020 Candidate Name: Tasha Boerner Horvath State Assembly Person District 76 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/18/2019	Payee Name: Heath Flora for Assembly 2020 Candidate Name: Heath Flora State Assembly Person District 12 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/18/2019	Citizens for a Better California, a ballot measure committee sponsored by Senator Steve Glazer. Yes on 72. Proposition 72 Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$10,000.00	\$10,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/18/2019	Payee Name: Mike Morrell for Assembly 2020 Candidate Name: Mike Morrell State Assembly Person District 41 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$3,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1660 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. NUMBER 742855

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/27/2019	California Democratic Party State Political Party  Memo Reference: EXP863117	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$150,000.00	\$235,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>				\$395,600.00		

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through 03/31/2019		Page 1661 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. NUMBER 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bay Area Legislative Leaders PAC Oakland, CA 94612  Committee ID: 1377585	CTB		\$2,500.00
Evan Low for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414197	CTB		\$4,700.00
Anna Caballero for Senate 2022 Sacramento, CA 95814  Committee ID: 1414451	CTB		\$2,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$430,417.58
2. Unitemized payments made this period of under \$100. ....	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$430,467.58

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1662 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. NUMBER 742855

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lesbian, Gay, Bisexual & Transgender (LGBT) Caucus Leadership Fund Sacramento, CA 95814  Committee ID: 1339123	CTB		\$15,000.00
Cottie Petrie-Norris for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414368	CTB		\$2,000.00
Jeff Stone for Senate 2022 Sacramento, CA 95814  Committee ID: 1414802	CTB		\$2,000.00
Rebecca Bauer-Kahan for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414500	CTB		\$4,700.00
Freddie Rodriguez for Assembly 2020 Covina, CA 91722  Committee ID: 1414249	CTB		\$3,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1663 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. NUMBER 742855

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nancy Skinner for Senate 2020 Sacramento, CA 95814  Committee ID: 1392359	CTB		\$300.00
Jim Wood for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414195	CTB		\$4,700.00
Jim Wood for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414195	CTB		\$4,700.00
LGBTQ Victory Fund Washington, DC 20005	CVC		\$2,000.00
Nancy Skinner for Senate 2020 Sacramento, CA 95814  Committee ID: 1392359	CTB		\$4,400.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1664 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. NUMBER 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Republican Party Sacramento, CA 95814  Committee ID: 810163	CTB		\$10,000.00
Californians Allied for Patient Protection PAC (CAPP PAC) Sacramento, CA 95814  Committee ID: 920780	CTB		\$7,800.00
The San Diego History Center San Diego, CA 92101	CVC		\$2,750.00
Sonoma County Democratic Central Committee Sacramento, CA 95841  Committee ID: 742474	CTB		\$2,500.00
Brian Dahle for Senate 2019 Sacramento, CA 95814  Committee ID: 1415244	CTB		\$4,700.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1665 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. NUMBER 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rob Bonta for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414291	CTB		\$2,000.00
Marie Waldron for Assembly 2020 San Diego, CA 92119  Committee ID: 1414619	CTB		\$4,700.00
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO		\$2,567.58
Robert Rivas for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414711	CTB		\$2,000.00
James Ramos for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414557	CTB		\$2,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1666 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. NUMBER 742855

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Vince Fong for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414494	CTB		\$1,500.00
Chris Holden for Assembly 2020 Sacramento, CA 95814  Committee ID: 1415357	CTB		\$2,000.00
Ling Ling Chang for Senate 2020 Sacramento, CA 95814  Committee ID: 1407243	CTB		\$4,700.00
Chad Mayes for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414363	CTB		\$4,700.00
Anthony Rendon for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414788	CTB		\$4,700.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1667 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. NUMBER 742855

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Scott Wilk for Senate 2020 San Diego, CA 92119  Committee ID: 1392822	CTB		\$2,200.00
Phillip Chen for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414280	CTB		\$4,700.00
Jordan Cunningham for Assembly 2020 Sacramento, CA 95814  Committee ID: 1415312	CTB		\$4,700.00
Tyler Diep for Assembly 2020 Santa Ana, CA 92704  Committee ID: 1414174	CTB		\$2,000.00
California Democratic Party Sacramento, CA 95814 Memo Reference: EXP855800  Committee ID: 741666	CTB		\$38,800.00



\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1668 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. NUMBER 742855

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Democratic Party Sacramento, CA 95814 Memo Reference: EXP855801  Committee ID: 741666	CTB		\$46,200.00
Mani Grewal for Senate 2020 Sacramento, CA 95814  Committee ID: 1394642	CTB		\$4,700.00
California Dental Association Sacramento, CA 95814	OFC		\$27,500.00
Buffy Wicks for Assembly 2020 Sacramento, CA 95814  Committee ID: 1415745	CTB		\$2,000.00
Tom Lackey for Assembly 2020 Hilmar, CA 95324  Committee ID: 1414673	CTB		\$4,700.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1669 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. NUMBER 742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tom Daly for Assembly 2020 Sacramento, CA 95814  Committee ID: 1415111	CTB		\$2,000.00
Cottie Petrie-Norris for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414368	CTB		\$2,700.00
Brian Maienschein for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414261	CTB		\$4,700.00
San Diego County Democratic Party San Diego, CA 92111  Committee ID: 741906	CTB		\$3,000.00
Henry Stern for Senate 2020 Sacramento, CA 95814  Committee ID: 1392385	CTB		\$1,700.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 1670 of 1677
NAME OF FILER California Dental Association Political Action Committee (CDA PAC)		I.D. NUMBER 742855

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tasha Boerner Horvath for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414240	CTB		\$4,700.00
Heath Flora for Assembly 2020 Hilmar, CA 95324  Committee ID: 1414675	CTB		\$2,000.00
Citizens for a Better California, a ballot measure committee sponsored by Senator Steve Glazer. Yes on 72. Orinda, CA 94563  Committee ID: 1404127	CTB		\$10,000.00
Mike Morrell for Assembly 2020 Elk Grove, CA 95624  Committee ID: 1394428	CTB		\$1,500.00
California Democratic Party Sacramento, CA 95814 Memo Reference: EXP863117  Committee ID: 741666	CTB		\$150,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$430,417.58

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

<b>Statement covers period</b> from <u>01/01/2019</u>  through <u>03/31/2019</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER 742855	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

NAME AND ADDRESS OF CREDITOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD <small>(ALSO REPORT ON E)</small>	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS**

## Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \_\_\_\_\_
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \_\_\_\_\_
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \_\_\_\_\_  
May be a negative number.

**Schedule G  
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

I.D. NUMBER  
742855

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\***

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule H –  
Loans Made to Others\***

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
		<b>SUBTOTALS</b>						

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on  
Schedule I, Line 3)

**Schedule H Summary**

- Loans made this period ..... \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans ..... \_\_\_\_\_  
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** \_\_\_\_\_  
(Enter the net here and on the Summary Page, Column A, Line 7.)  
(May be a negative number)

**\*\* If Required**

**Schedule I  
Miscellaneous Increases to Cash**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**  
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I.D. NUMBER  
742855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Dental Association Political Action Committee (CDA PAC)

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$ .00

**Schedule I Summary**

- 1. Increases to cash of \$100 or more this period..... \$ .00
- 2. Unitemized increases to cash under \$100 this period..... \$ .00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$ .00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$ .00

Memo Reference:

All contributions are through intermediary California Dental Association, 1201 K Street, 15th Floor, Sacramento, CA 95814.

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Memo Reference: NON862254

Reported pursuant to Regulation 18215(c)(16) - payment by sponsoring organization for the administration of sponsored committee

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Memo Reference: NON862255

Reported pursuant to Regulation 18215(c)(16) - payment by sponsoring organization for the administration of sponsored committee

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Memo Reference: NON862256

Reported pursuant to Regulation 18215(c)(16) - payment by sponsoring organization for the administration of sponsored committee

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Memo Reference: NON862257

Reported pursuant to Regulation 18215(c)(16) - payment by sponsoring organization for the administration of sponsored committee

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Memo Reference: NON862281

Reported pursuant to Regulation 18215(c)(16) - payment by sponsoring organization for the administration of sponsored committee

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Memo Reference: EXP855800

All Purpose Account

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Memo Reference: EXP855801

Restricted Use Account

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Memo Reference: EXP863117  
Restricted Use Account

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Memo Reference: EXP855800  
All Purpose Account

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Memo Reference: EXP855801  
Restricted Use Account

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Memo Reference: EXP863117  
Restricted Use Account

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